DOCUMENT RESUME

ED 218 549 CG 016 049

TITLE	The Door: A Model Youth Center. Treatment Program Monograph Series.
INSTITUTION	National Inst. on Drug Abuse (DHHS/PHS), Rockville, Md.
REPORT NO	DHHS-ADM-81-1132
PUB DATE	81
NOTE	55p.; Photographs not filmed due to copyright laws.
AVAILABLE FROM	Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402.
EDRS PRICE	MF01/PC03 Plus Postage.
DESCRIPTORS	Community Programs; *Crisis Intervention; *Delivery Systems; Drug Abuse; *Interdisciplinary Approach; Models; Program Descriptions; Program Development; *Rehabilitation Programs; *Urban Youth; *Youth Problems; Youth Programs

ABSTRACT

This report provides basic facts about The Door, a multifaceted youth center in New York City, which serves 300-400 young people each day. The origins, early stages, guiding philosophy, activities, and organizational structure are described. Recommendations for initiating and operating multiservice youth projects based on the experience of The Door are provided as a model for other alternative delivery system programs, and deal with the areas of program planning and development, funding, staffing, the supportive environment, administration, and fiscal management. Clients' profiles are presented, and services are described including health services, drug and alcohol education, counseling, and creative and vocational activities. (JAC)

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THE DOOR: A MODEL YOUTH CENTER

Treatment Program Monograph Series

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U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

National Institute on Drug Abuse
5600 Fishers Lane
Rockville, Maryland 20857

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DHHS Publication No. (ADM) 81-1132
Printed 1981

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Foreword

For many years the National Institute on Drug Abuse has funded The Door to provide multiple services in a single setting to youths. This innovative program has a long history of successful accomplishments. All too often feedback on accomplishments that occur in community planning and services to clients is not readily available. This monograph, however, represents the culmination of effort by many dedicated staff and volunteers who, over the years, have brought The Door from its conceptual framework to what it is today.

The integration of multiple services such as prevention, treatment, training, and rehabilitation built into an innovative community-based program that fosters and creates alternative roles with youthful participants is no easy task, especially in an arena of rapid social change. The Door has accomplished this task and continues to move rapidly ahead into new program areas that are attractive to youths.

I commend to you, the reader, dedicated individuals who have worked to find creative solutions for the problems associated with youthful drug use. To those considering opening a "The Door" type of facility, the strong social character and fabric admirably portrayed throughout these pages should prove useful to your endeavors.

Robert J. Roberton
Director
Division of Community Assistance
National Institute on Drug Abuse

Preface

Less than a decade has passed since The Door initiated its operations on behalf of the disadvantaged and troubled youths of New York City. In that brief time, The Door has developed into a multifaceted youth center providing a broad range of needed, easily accessible services and programs, serving 300 to 400 young people each day. Utilizing a comprehensive, integrative approach that views the whole person in the dynamic context of his or her total life circumstances, The Door has matured into an important force for constructive growth in the lives of thousands of youths. No less significantly, The Door has become a model for many agencies and institutions concerned with serving the critical needs of the urban adolescent population.

The Door came into being at a time when drug abuse, delinquency, dropping out of school, venereal disease, and other problems among New York's youths had reached crisis proportions. The immediate challenge to be met at that time was to develop a full spectrum of innovative services, programs, and resources for dealing with the acute problems and needs of adolescents.

The Door today is a comprehensive and innovative multiservice center for youths, to help them constructively meet the challenges of being young and growing up in an urban enviroment. Every effort is made to reach the particularly vulnerable younger adolescents on the streets and in the schools before they become seriously involved in negative or antisocial activities, as well as young people who are unlikely or unable to seek help from traditional health, mental health, and educational facilities.

Over the years The Door has demonstrated the effectiveness of its services and the viability of its integrative, interdisciplinary approach. It has won wide recognition for new concepts in treatment, education, and training programs for adolescents. More than 7,000 professionals, private and governmental agency administrators, and others involved in youth services have come to The Door to explore and learn about its many-faceted activities. This growing interest in The Door reflects growing public and governmental concern for youths and the difficult situation that confronts so many young people today who are socially deprived or in personal crisis. The staff of The Door knows that what has been accomplished to date is only a beginning of the work that must be done for young people in New York City and elsewhere.

The purpose of this report is to provide basic factual information about The Door--its origins and early stages, its guiding philosophy and evolving activities, and its organizational structure and management. The Door hopes it can, in addition to serving large numbers of New York City youths, serve as a creative model for the establishment of other alternative service delivery programs for meeting the needs of young people everywhere. Toward this end, this report includes recommendations for initiating and operating multiservice youth projects based on the experience of The Door. These recommendations deal with such specifics as organization, program planning and development, funding, staffing, creating a proper environment, administration, and fiscal management. These suggestions are aimed at communities, groups, and institutions everywhere who wish to explore viable new directions for the delivery of services to adolescents in and out of trouble.

CHAPTER 1

Initial Development, Philosophy, and Goals

> In many ways The Door's success defies explanation. It started without money, without a staff--just with high hopes and some donated furniture. Now it receives federal and foundation support. . . . The kids treat The Door with respect, and some of the volunteers seem more dedicated to it than to their full-time jobs. Most significantly, it has been adopted as a model for adolescent care by several groups, including HEW, the American Academy of Pediatrics, and the World Health Organization.
>
> --from an article in New Physician, March 1977, p. 34

In the summer of 1970, a small group of young professionals, all of whom shared an interest in youth problems, met to discuss the acute crisis that was adversely affecting the lives of a broad segment of the urban adolescent population of New York City. They were brought together by the conviction that the life needs of these young people could only be met by new approaches to the delivery of youth services. Out of that common concern came the concepts that were later to germinate into a community-based youth service center that was named The Door--A Center of Alternatives.

This chapter will briefly review the background of The Door--its early history, philosophy, goals, and ongoing developments. Subsequent chapters will provide more detailed descriptions of the programs and operations of The Door.

SOCIAL SETTING

Arising in response to an unprecedented crisis of adolescent needs and the lack of appropriate service delivery response to these needs, The Door is a prime example of an idea whose time had come. By the later 1960s, the problems facing urban young people had reached crisis proportions. The proliferation of drug abuse, violent crime, homelessness, disintegrating family situations, and a wide range of other educational, vocational, and mental health problems had finally forced concerned professionals to recognize the unique and varied nature of this population's needs.

Teenage pregnancy, child neglect among adolescent mothers, death and disability due to illegal abortion, venereal disease, and prostitution of the young were among the major health problems. Suicide, accidents, delinquency, escalating rates of admission to psychiatric hospitals, and other mental health services demonstrated the lack of adequate preventive mental health and social services. Poor school attendance, low academic achievement, high dropout rates, and high unemployment were also outstanding problems. Few service providers understood the population that suffered from the effects of these problems, or how to reach and serve them effectively.

Youths were increasingly alienated from traditional service delivery systems. Fees, strict parental consent requirements, catchment areas, and inadequate protection of confidentiality represented barriers to services that made existing service facilities financially, psychologically, or geographically inaccessible to the majority of adolescents. Those services that were available tended to provide fragmented, single-service care that was inadequate to respond to the confused and disrupted lives of many adolescents.

INITIAL DEVELOPMENT

In view of the scope and impact of this situation, it was clear that the critical needs of the adolescent population could only be met by a new form of human service facility. In the fall of 1970, a group of 12 professionals from the fields of medicine, psychiatry, law, education, social work, and the arts began

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to meet on a regular basis to discuss their concern about the crisis in adolescent health and mental health that existed in New York City. After several months of initial planning, this group invited colleagues and friends to join them in developing an integrated youth services center. People with commitment, training, and experience in human service delivery to adolescents, and a capacity for creative teamwork joined the initial group. Accepting this challenge, they set about establishing a model project that would provide relevant services and meaningful life alternatives to young people in an effective and nonalienating way.

By March 1971, the development group had grown to several dozen, and the formal detailing of program elements began. Separate task forces were developed to address issues around health, mental health, drug and alcohol abuse, sexual health and family planning, nutrition, social services, runaway and homeless youths, education, vocation, legal problems, and recreation and the creative arts. Each task force met once or twice weekly to plan and develop what was the beginning of the service programs. During this period the task forces met individually and with other task forces in order to gather and share relevant information regarding existing services, to develop information and resource files, and to conceptualize creative new ways to deliver needed services.

Interdisciplinary teams drawn from the task forces visited other youth-oriented agencies and institutions and established liaison and cooperative arrangements for backup services and mutual referral. By late fall of 1971, more than 100 such agency contacts had been established with public health and youth service departments, public and private hospitals, community agencies, high schools and junior high schools, courts, youth programs, youth residences, drug programs, and storefront centers.

In November 1971, one such visit resulted in an offer of free space for initiation of The Door's program on a pilot basis. By this time there were more than 50 volunteers, primarily professionals, actively involved in program and resource development, and 2 dozen more committed to active participation the moment the program began operation. Following a period of renovation of this facility by the development group, The Door opened in a storefront space on East Twelfth Street in Manhattan in January 1972 and began to provide free services and activities during evening hours to disadvantaged New York City youths.

The Door operated with an entirely unpaid volunteer staff and without any major funding during its initial 7 months. Having demonstrated its viability, The Door gradually began attracting funding that enabled it to hire a core of paid staff to supplement the volunteers. During this time it also began receiving substantial donations of furniture, equipment, medication, and supplies from corporations, banks, hospitals, and pharmaceutical companies.

For the first 3 years of its operation The Door remained at its Twelfth Street storefront facility in the heart of Greenwich Village. Here The Door gained valuable experience for staff and clients alike. Programs, concepts, procedures, staff, and staff-client relationships were tested in actual practice. The physical environment was also experimented with in a variety of ways, and some of the finest features of The Door's current physical environment evolved from the experiences of this early period.

Since its inception The Door has been in a continuous process of development, expansion, and refinement and has added many new program components. It has seen its original philosophy and concepts validated and enriched by its ongoing programs and services. Within The Door itself, a growing sense of community--on a human and professional level--has evolved among the staff out of the shared commitment and daily experiences of working together toward common goals. Reaching out, The Door has steadily expanded its ties with the larger community, including its own neighborhood and a broad sector of institutions involved in meeting the needs of New York City's adolescent population.

During its initial development, The Door was adopted as a model project by the International Center for Integrative Studies (ICIS) as a demonstration of a more effective, holistic, integrated human services approach for adolescents. Several of the members of the initial development team of The Door were affiliated with ICIS, a nonprofit, educational, scientific, and service institution created for the advancement of interdisciplinary communication and cooperation between and among the humanities, the behavioral, social, and life sciences. ICIS has provided support services, space, management support, and ongoing encouragement for The Door.

PHILOSOPHY AND GOALS

The basic philosophic outlooks underlying The Door's program are the total person approach and the total problem approach which take into account the young person's physical, emotional, intellectual, interpersonal, creative, and developmental dynamics, and his or her family, legal, educational, vocational, and other life problems and needs. The use of this integrative approach enables The Door to address a client's whole life situation rather that just dealing with one or two aspects, problems, or symptoms.

Functioning as a comprehensive human service delivery system, The Door has developed all of its services for young people within a single facility, which has made it possible to avoid the traditional fragmentation that occurs between separate service systems. This system has also facilitated continuity of care, integration of services, and development of areas of service that often fall between systems.

The Door has emphasized the development of a therapeutic milieu that offers clients in crisis an opportunity to deal with their total life reality, fostering an in-depth resolution of problems. In such a milieu the causes of problems as well as their symptoms can be dealt with, leading to deeper and lasting resolution. This also makes it possible to go beyond a young person's immediate needs to explore his or her special growth dimensions and potentials. This kind of milieu also encourages the development of new therapeutic modalities, in which staff can experiment with promising new treatment methods that seem to be more appropriate to the life realities and health needs of young people. It is a setting that allows relevant methods of treatment, rehabilitation, and education to be integrated into a total therapeutic process.

The Door has intentionally sought to become highly visible and easily accessible to the youth population. Community-based rather than institution-based, with multiple points of entry and no parental consent required, it provides easy access to services for those

THE DOOR'S HOLISTIC APPROACH

"The Total Person in the Total Life Situation"

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who would otherwise be unlikely to seek or receive service, guidance, or meaningful life opportunities.

Another goal has been to develop a staff genuinely interested in youths and in experimenting with new directions and new roles for themselves and others. Toward this end, The Door has provided an environment where professionals from different disciplines can learn to work together. Working together as a caring community, relating effectively and humanely with each other and young people, staff members can speed the process of professional and human growth in themselves as well as in those they serve. The staff are also encouraged to share their understanding of the unique needs of this age group with other professionals, agencies, and institutions. In this regard, The Door serves as a backup facility offering professional services and consultation to professionals, paraprofessionals, community programs, and service agencies in need of assistance from an experienced youth-oriented staff. Through this interface with the variety of human service systems, The Door facilitates the formation of a service delivery network for adolescents throughout New York City. These linkages encourage interagency treatment planning, thus utilizing more effectively the existing resources of the city.

Other goals and objectives include:

- To identify problems at an early stage and intervene early in negative and self-destructive patterns and lifestyles, thereby preventing more serious and prolonged problems and crises.

- To provide vehicles and mechanisms for active participation and input by young people, including youth work programs, community involvement, and community and consumer advisory boards.

- To develop a cost-effective delivery system by mobilizing existing resources, human and otherwise, including the use of volunteer professionals and trainees, and mobilizing large in-kind contributions from the private sector.

- To train graduate students and professionals from various service disciplines to work within a community-based comprehensive service delivery system and to develop skills in interdisciplinary team management, experience in dealing with adolescents and their problems, and experience in working within a growth-oriented environment or therapeutic milieu.

- To communicate and disseminate knowledge gained about adolescents and about the effectiveness of this comprehensive model through conferences, interagency visitors programs, written materials, and evaluation of the program. To use the model to catalyze the development of other programs, to affect national youth policy, and to serve as an instrument for institutional and social change.

Special Needs of Adolescents

While other social factors contribute greatly to the many-faceted life problems of The Door's clientele, it is also necessary to take into account the unique needs and special problems common to the lives of all young people in this age group that also require a comprehensive response.

Adolescence is a time of very rapid change, second only to the first 2 years of life. During adolescence young people are struggling to differentiate themselves from their families, establish their own personal identities and value systems, develop self-confidence in their interpersonal relationships, gain mastery over their sexual and aggressive drives, and accept and deal with their needs for love and self-esteem. Emotional upheaval, alienation, insecurity about sex roles and personal identity, and uncertainty about future goals are the norm. In this period of flux it is easy for the chaos within the young person to go beyond a normal level and explode in one or another form of destructive behavior, or emotional or physical illness. Drug and alcohol abuse, pregnancy, running away from home, violence, and dropping out are only a few typical responses to the combined stresses of this period.

Although many of these young people are in urgent need of psychiatric, medical, and other kinds of help, they are often too distrustful to utilize existing professional services and institutions. It is these interrelated social and developmental crises that lead many young people to The Door. These young people need a nonthreatening place where they can feel free to come for help, where the complexities of their life needs and problems can be adequately dealt with and where their search for self-realization can take place in a supportive, growth-oriented setting.

The Door's existence is a response to the need for a program that can deal with the multiple problems of adolescents in a holistic, integrative, and humane manner. Only with this kind of approach--which brings together under one roof the full range of services

relevant to young people--can fragmentation be avoided and the growth and integration of the whole and healthy person be facilitated.

SUBSEQUENT DEVELOPMENTS

Since it was established in 1972, The Door has become an important component in New York City's network of youth-related services. The initial years of functioning have been used to develop programs, services, and resources, to expand outreach activities, and to refine programs organizationally and administratively. Throughout the challenging initial phase, The Door focused on responding flexibly and effectively to the changing needs of clients, the professional staff, and the community at large. The Door continues to consolidate and expand services in response to these perceived needs. New programs dealing with hypertension, smoking cessation, and health advocacy have recently been initiated, and a prenatal, young parents, and child health program has been established and expanded. Procedures to facilitate the flow of clients have been improved and program recordkeeping and evaluation systems have become increasingly sophisticated. Door-wide interdisciplinary treatment teams have recently been incorporated into The Door's structure allowing staff to more effectively manage their large caseloads.

A food program has been implemented, has steadily expanded, and is serving nutritionally balanced and inexpensive meals to large numbers of clients and staff each evening. This program provides important vocational skills for many young people who work with the program under the supervision of the Nutrition Counseling Service. An attractive cafe area, featuring homemade pastries as well as poetry readings and music, was recently created through the initiative of clients and staff and is intended to give young people experience in small business management.

Training programs have been established enabling the staff to develop skills in interdisciplinary team management, maximize competence in dealing with adolescents and their problems, and intensify the skills necessary to work effectively within an environment geared for maximum growth.

The Door seeks to be an instrument for social and institutional change through expanding its use as a model for comprehensive and effective youth service and catalyzing the development of similar programs, which will help in the reformulation of a national youth policy. Information about adolescents and their needs for service delivery has been shared through participation of staff in conferences and professional meetings, on committees and task forces, and through welcoming hundreds of interagency and governmental visitors, as well as through publishing descriptive and evaluative material on its programs.

Through an openness to fresh ideas, constant improvement, and a sensitivity to the ways in which the dynamics of social change affect young people, The Door remains a center for innovation and experimentation in every aspect of its program.

CHAPTER 2

Clientele, Staff, and Facility

CLIENTELE

Who are the young people who find their way to The Door? How do they discover The Door? And why do they come--and stay?

The Door has been able to attract, motivate, and serve large numbers of young people who generally are not reached by traditional agencies and institutions. These young people come to The Door from the five boroughs of New York, especially its black and Hispanic ghettoes, and from the suburbs and neighboring States. Most have heard about The Door from friends, parents, and others; many are referred by schools, hospitals, drug programs, police, courts, or other agencies whose staffs have learned about The Door through its outreach activities.

There are various reasons why young people turn to The Door. Many of its clients seek help because of emotional, sexual, family or peer relationship, or health problems. Many are drug and/or alcohol abusers. Pregnancy, trouble with the law, difficulty with finding and keeping a job, dropping out of school, running away from home--these are crisis situations that bring young people to The Door.

Attracted initially by a spectrum of services, programs, and activities that adolescents are not likely to find elsewhere, young people find opportunities for new forms of self-expression and personal growth within a supportive environment. They may wish to master specific skills in the creative or martial arts or to explore job or educational possibilities or simply to establish a stronger sense of personal identity with the guidance of a sympathetic staff and the support of their peers.

The Door is open to all young people, whether or not they have identified problems, whether they are in need of help or just want to engage in creative interaction with other young people or adults. Young people come to The Door on their own initiative and are not labeled with diagnostic terms that add further stigma to an already difficult situation.

A Demographic Profile

In The Door's first 9 years of existence, it recorded more than 750,000 service visits by young people: in 1980 alone, there were 121,388 service visits. Following is a breakdown of the increase in client visits over the 9-year period 1972 to 1980: The Adolescent Health Center (combining Medical Services, Family Planning and Sex Counseling Serivce, Nutrition Counseling Service), from 4,642 to 28,470; Psychiatric Services, 3,903 to 16,964; Social Services, 579 to 5,751; Education Counseling Service, 801 to 16,461; Vocational Counseling Services, 763 to 3,195; Legal Counseling Services, 732 to 1,112; Creative Workshops, from 3,018 to 14,926; Recreation, from 5,832 in 1975 to 11,657 in 1980; Food Service, from 0 in 1972 to 22,052 in 1980.

Most clients come from low-income areas and include a large percentage of minority youths, who are among those in the categories with the highest unemployment rates. Many of these youths are wise far beyond their years in practical knowledge and street ways despite their many and often deep-seated problems. Staff who work with them often discover an immense vitality, humor, team spirit, and an untapped creative potential, reflected in the determination of many to find their way toward more constructive modes of living. Some clients are "more together" and are highly articulate and sophisticated; many are involved in a variety of social and cultural activities outside The Door. This mix of people from a variety of backgrounds contributes to The Door's energy, diversity of talent, and dynamic spirit.

Statistics on the demographic characteristics, education, and available support are shown in table 1. Statistics are only one index to the overall characteristics of the client population. However, they provide some insight into the social backgrounds of these young

TABLE 1.--General statistics of The Door clientele
(percentages based on a sample of 500 clients)

Demographic characteristics	
Age (median 18 years)	
14 and under	14
15	20
16	33
17	76
18	101
19	103
20	80
21	51
22 and over	16
Sex	
Female	49
Male	51
Ethnic background	
Black	43
White	23
Hispanic	22
Oriental	1
Other	10
No answer	1
Education	
School completed	
Primary	13
Junior high	48
Senior high	39
Current activities	
In school	45
Not in school	31
In college	21
Vocational or trade school	3
Support	
Source of support at time of entry	
Parents or relatives	49
Themselves	23
Welfare	11
No regular source	17
Work status	
Working	44
Not working	56
Others living with	
One or both parents	48
(One parent only)	(23)
Friends	14
Agency residences	13
Relatives	9
Alone	8
Undomiciled	8
Receiving Medicaid	
Yes	19
No	80
No answer	1

people and indicate some of the sources of their personal frustrations and problems.

These figures reveal some of the causes behind the young people's failures and frustrations. They document the large proportion of clients who are born and live under conditions of extreme poverty, substandard education, disintegrating families, unstable living conditions, and lack of employment opportunities. The impact of discrimination due to race, social origin, or other causes is not reflected, nor do they suggest the loneliness and depression that make so many young people turn to drugs, alcohol, crime, or other self-destructive behavior in rebellion against a society they view as indifferent, hypocritical, or dehumanizing.

STAFF

Keeping pace with the development of The Door, the staff has increased in numbers from the original core of volunteers to 140 full-time and part-time staff members. A large number of volunteers contribute their services and skills on a regular basis, and graduate level students from many disciplines receive training and supplement the professional staff in all service areas. The volunteer and graduate student staff numbers more than 100.

The staff consists primarily of highly trained professionals with experience in their fields and in working with adolescents. Included are:

- physicians
- nurses
- nurse practitioners
- midwives
- nutritionists
- health educators
- pharmacists
- laboratory technicians
- psychiatrists
- psychologists
- social workers
- mental health workers
- lawyers
- teachers
- education and vocational counselors
- drug and alcohol counselors
- family planning and sex counselors
- theatre, dance, and music instructors
- artists
- craftspersons

Youth workers and paraprofessional staff complement the professional staff. Serving as bridges between the community, youths, and The Door, they assist with followup in the community, act as receptionists, conduct "rap" groups, provide orientation and counseling, facilitate flow at The Door, and provide leadership among the young people.

Each service and program component has its own operating staff encompassing a full range of professionals. These staffs are responsible for the direct provision of counseling and treatment services.

A core administrative and coordinating staff provides overall direction for The Door and facilitates communication and integration among the various services and programs. This nucleus consists of people who have consistently displayed leadership, initiative, and professional and administrative abilities. Administrative and coordinating staff have generally emerged and been selected from existing staff at The Door.

All new staff members are selected on the basis of their human qualities as well as on their professional skills and work history. A trial period is used to screen prospective staff and volunteers. Serving as a staff member is viewed as more than a job. Staff members work at The Door because they want to be there and because they enjoy working together in a spirit of openness, challenge, and change. Their involvement becomes a natural extension of their professional and personal lives. Emphasis is placed on exploring the staff's role in developing a sense of community that will be supportive of the staff's growth and thus that of the youths they serve.

The Door seeks staff members who are interested in human and professional growth and who are open to expanding and changing role definitions. By training, temperament, and experience, staff members are deeply concerned with young people--and are young enough themselves, in age or spirit, to relate to them nonjudgmentally, without rigidly defined roles, defenses, and images.

Persistent efforts are made to transcend traditional professional boundaries and to redefine professional roles as staff members work closely with fellow professionals in other disciplines. Regarding each other as equals sharing a common task rather than as individuals within the usual highly specialized institutional structure, the staff sets a tone of trust and mutual respect that is intrinsic to The Door's overall therapeutic concept.

The orientation of the staff has consistently been one of a client-centered approach in which young people are seen not as "patients" or "problems" but rather as whole individuals

whose physical, social, and psychological realities are interrelated. The interdisciplinary approach has required that staff members work closely together around each individual in a comprehensive response to his or her multiple needs and potential.

Daily, weekly, and other periodic staff meetings are held to review program activities, to evaluate client treatment progress, to explore new developments in the overall program, and to share the latest knowledge among the various professions. Staff participate in an ongoing exchange about the changing youth scene and the use of professional skills in dealing with youth problems. In addition to ongoing staff training, twice a year the entire staff participates in a weekend training and development workshop aimed at further integration, communication, and growth.

PHYSICAL FACILITY

On entering The Door, one is met by a warm atmosphere. The facility has a bright, informal, and open environment that reflects the spirit of concern and respect for young people that is basic to The Door's philosophy. It has been specifically designed to be attractive, colorful, and humane, as well as functional. The architectural plans for the renovation were developed by a team of architects, designers, psychiatrists, developmental psychologists, learning specialists, teachers, counselors, and artists involved with The Door. The plans were based upon the experience gained during the first 3 years of operation in a storefront facility and incorporate some of the latest insights and findings about integrated therapeutic environments.

Many of the youths come from drab and depressing homes and neighborhoods and utilize schools, health services, agencies, and other institutions that are sterile and dehumanizing. Such environments mirror and reinforce the lack of self-esteem, apathy, and demoralization so often found among inner-city young people. The Door offers a setting very different from that which they usually encounter, thereby helping to break down negative associations and alienating routines and encouraging an openness to experiment with constructive new modes of behavior.

The physical environment is designed to facilitate the service, therapeutic, learning, and creative process within a facility that is both functional and aesthetic. It is a visually open environment with a minimum of separating walls. In this way different counseling services, programs, and activities can easily interact with each other, encouraging free communication and integration, reducing separateness and isolation, and furthering a sense of community.

Circular, ellipsoid, and open free forms are used throughout to break up stereotyped ways of seeing and feeling that are reinforced by traditional hard-edged squares, cubical spaces, and rooms. Use is made of interlocking hexagonal shapes for optimal use of space and to expose young people to new forms and unusual perspectives.

In addition to service areas integrated elements of the total environment include:

- dance studio
- theater-in-the-round
- open areas for performances of dance, theater, music, and poetry
- arts and crafts plaza with adjoining enclosed areas for special workshops
- circular meditation room
- martial arts room
- counseling areas
- lounge
- reading rooms

A gymnasium with locker rooms and showers is equipped for basketball, volleyball, handball, gymnastics, and other sports and recreational activities.

The open vistas encourage an easy give-and-take between staff and clients, an interchange of energy and experiences that are conducive to learning. This open setting, where young people can see and therapeutically interact with one another, helps to demystify and humanize the treatment situation. Other areas have been designed to provide opportunity for privacy, small group interaction, and freedom from distraction. The environment has been designed to make young people feel comfortable and to make maximum use of the services.

To create a visual climate that is friendly and inviting, a variety of bright colors, building materials, textures, and textiles have been used. Throughout the space, rock gardens, plants, sculptures, paintings, photos, graphics, and other objects of art--many created by the clients themselves--are part of the total environment. Young people of The Door community participate in decorating the facility and share responsibility for its care and maintenance.

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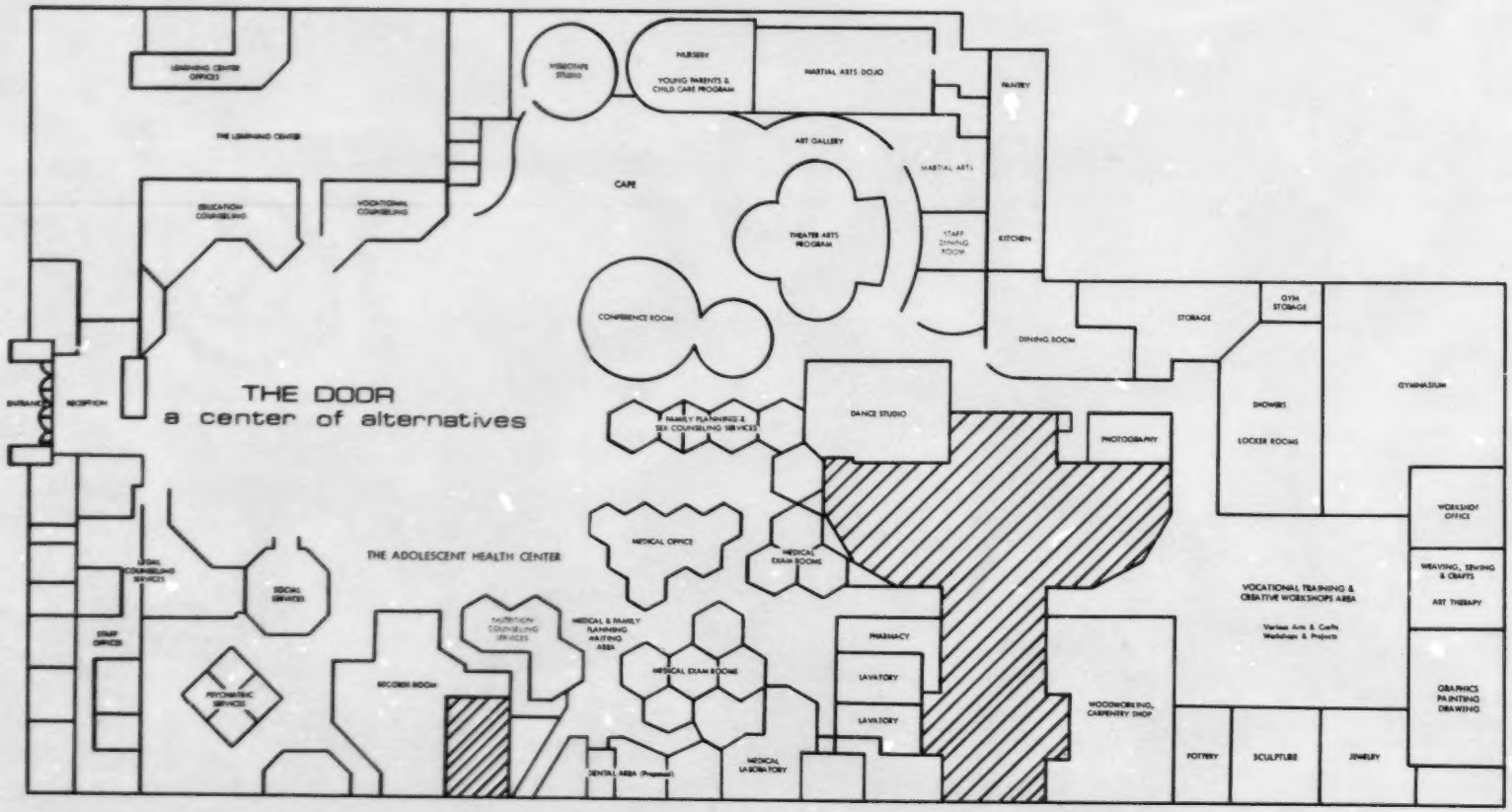
THE DOOR
a center of alternatives
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LEARNING CENTER OFFICES
EDUCATION COUNSELING
VOCATIONAL COUNSELING
VIDEOTAPE STUDIO
NURSERY
YOUNG PARENTS & CHILD CARE PROGRAM
MARTIAL ARTS DOJO
PANTRY
ART GALLERY
MARTIAL ARTS
CAFE
THEATER ARTS PROGRAM
STAFF DINING ROOM
KITCHEN
CONFERENCE ROOM
DINING ROOM
STORAGE
GYM STORAGE
GYMNASIUM
SHOWERS
LOCKER ROOMS
DANCE STUDIO
PHOTOGRAPHY
FAMILY PLANNING & SEX COUNSELING SERVICES
MEDICAL OFFICE
MEDICAL EXAM ROOMS
WORKSHOP OFFICE
WEAVING, SEWING & CRAFTS
ART THERAPY
VOCATIONAL TRAINING & CREATIVE WORKSHOPS AREA
Various Arts & Crafts Workshops & Projects
GRAPHICS PAINTING DRAWING
LEGAL COUNSELING SERVICES
SOCIAL SERVICES
STAFF OFFICES
PSYCHIATRIC SERVICES
RECORDS ROOM
NUTRITION COUNSELING SERVICES
MEDICAL & FAMILY PLANNING WAITING AREA
MEDICAL EXAM ROOMS
PHARMACY
LAVATORY
LAVATORY
DENTAL AREA (Proposed)
MEDICAL LABORATORY
WOODWORKING, CARPENTRY SHOP
POTTERY
SCULPTURE
JEWELRY

CHAPTER 3

Client Flow

From the time that young people first enter The Door, every effort is made to establish a helping and trusting relationship, to deal effectively with their immediate needs, and to encourage their participation in ongoing programs that offer the greatest potential for resolving their basic life problems. Over the years, The Door has evolved, and is still refining, a client flow process that best answers these requirements.

This chapter will describe the step-by-step process by which clients become increasingly involved in The Door's comprehensive treatment modality. In view of the large client population--now more than 400 daily--it is essential that the procedure by which young people move through the multiple services be efficient, nonalienating, and in tune with the overall therapeutic milieu.

Most young people who come to The Door initially are seeking help with a specific problem and utilize only a small network of services. Some are concerned with urgent situational problems, ranging from medical, legal, and educational to job, family, or interpersonal difficulties. Others come in a state of crisis related to emotional, drug, or alcohol problems. Other young people are looking for a place where they can be creatively and constructively involved. Many of the problems and needs that bring the young people to The Door reflect the turbulent transition period through which most adolescents must pass. The Door's treatment programs have been structured to address and deal effectively with these different and often dysfunctional developmental problems.

THE TREATMENT APPROACH

The Door is guided by the premise that adolescents' physical, psychological, social, and intrapersonal realities are inseparable. To implement this "whole person" concept, it is necessary to make available all the required services, including psychiatric, social, educational, legal, vocational, medical, family planning, and nutrition, as well as a wide range of educational, vocational, creative, and recreational programs. These programs are an integral part of the therapeutic process and are geared toward fostering the development of new interests, skills, confidence, and self-esteem. This is especially important for those young people whose life expression may be seriously limited because of severe emotional conflicts or a particular socioeconomic background.

An essential feature of The Door's "total problem" approach is milieu therapy--a treatment modality that relates not only to the Mental Health Program but to all services and activities. This client-centered milieu offers a constructive environment where young people can feel free to explore new experiences, alternative value systems, and positive behavior patterns. Within this supportive yet challenging setting, the client is motivated, on a day-by-day and long-term basis, to deal successfully with his or her problems and to deepen his or her level of insight in the shortest possible period. By utilizing the total resources of the therapeutic milieu, an individualized treatment program is developed with each young person appropriate to his or her needs, interests, and strengths. The entire range of programs, activities, and workshops is available so that the changing needs of the clients at different stages of the therapeutic process can be responded to and met. The afternoon and evening hours make possible the full use of outside resources such as schools and training programs without interrupting the young person's involvement in the treatment programs. Thus the client treatment process has been organized with great flexibility in order to deal with young people whose situational, emotional, and developmental needs are quite different.

For young people who initially present with specific situational problems, The Door provides short-term and crisis intervention programs that aim at accomplishing specifically defined goals. These problems generally require medical and mental health care, placement in temporary housing, family planning

or pregnancy counseling, or legal and social services intervention. Short-term treatment is considered successful when it has improved the client's ability to understand and deal with the underlying dynamics leading to this life situation and has resulted in the client's having resolved the presenting problem.

Clients who are willing to make a longer term commitment and others who become motivated at a later point enter intensive, long-term programs. For the most part these ongoing programs include psychiatric or other mental health services, as well as educational, vocational, social service, family planning, medical, recreational, and creative activities appropriate to each individual's specific needs.

The long-term goals of this "total therapy" concept are to deal with all aspects of the young person's life, to help young people develop new positive life attitudes, to overcome emotional and behavioral problems, and to increase their capacity for caring, accepting responsibility, and cooperating in human relationships.

With the support of a caring and sensitive staff, young people can extend their level of participation in The Door's programs at their own pace. Gradually they gain confidence to move toward self-initiated action and change with decreasing dependence on external challenge and support by staff or peers.

The various phases of treatment, and clients' movement through these phases, are described in chapter 4, as part of the Mental Health, Drug, and Alcohol Treatment Program.

THE CLIENT FLOW PROCESS

Each new client is met for an initial, brief evaluation at the Initial Assessment Area where a staff member obtains information including the young person's name, address, source of referral, presenting problem or initial reason for coming. In the Initial Assessment Area the staff person briefly assesses the nature and seriousness of the problems presented in order to assign priorities and to facilitate early and appropriate intervention by specific services and professional staff. Each service component will then evaluate the specific needs of the client in more detail.

Following the Initial Assessment, the client is invited to take a tour of the facility, where a youth worker will make the client familiar with the physical space as well as with the range of services and activities. Following this tour, new clients participate in a brief "new people's" rap group where basic house rules and agreements are explored and additional questions about the services and programs can be discussed. The client is then referred to the appropriate services for more specific and extensive evaluation of his or her needs. Clients who are in immediate need of services will receive treatment at once and participate in the orientation process later.

Individual tutoring is available to assist some students.

In the first service to which the young person is referred, a comprehensive intake interview is conducted during which questions about psychosocial, educational, vocational, and socioeconomic status, and family, medical, legal, and psychiatric histories are asked. The client's current life situation including peer and adult relationships, particular problems, needs, interests, potentials, and long- and short-term goals, as well as more specific information related to the particular service, are also reviewed. This more extensive evaluation process provides a vehicle to help assess the total life situation of the young person and to facilitate early intervention in specific problem areas. Following this in-depth interview, a primary counselor is assigned to each client at an intake review meeting in order to assure continuity and quality of care throughout the young person's involvement at The Door. The primary counselor's responsibilities include identifying other service needs of the client and assisting the client to link up with the needed services, workshops, and program activities; knowing the clients in depth--their needs, patterns, and strengths; discussing with them progress and problems; dealing with crises and giving support; working closely with the other staff to plan and coordinate an appropriate and

integrated treatment plan and insuring that the proposed treatment plan is carried out and followed through. The primary counselor is also responsible for maintaining the client's record, keeping treatment notes, and writing evaluation reports.

In the event that a young person utilizes only one service, the primary counselor's range of responsibility will be more limited. If, for example, the young person reveals during the Initial Assessment a need for treatment for venereal disease, he or she will be sent to the Health Center. A nurse or medical student will conduct an intake interview to develop a comprehensive picture of the young person's whole life situation. The interviewer may find that the youth is also a drug user, is suffering from severe depression, is worried about an upcoming court appearance, or is having family trouble. The interviewer will then suggest that, in addition to medical care, the client go to other services such as drug, legal, and psychiatric counseling, and will assist the client in obtaining those services. During the period the client uses only the health services, the interviewer will serve as primary counselor. If the client leaves The Door after being treated for venereal disease, the counselor will urge him or her to return in the future for more intensive therapeutic involvement. If the client becomes a multiple service user at The Door, a counselor from the most relevant service or program will become the primary counselor.

Clients who do not initially request help for specific problems are seen by paraprofessional workers who conduct the comprehensive psychosocial interview. In subsequent meetings with the youth and the paraprofessional, specific problem areas may emerge and at that point appropriate services will be suggested. Young persons who are not yet ready to utilize services or to participate in workshops or other activities are given a period of time (4 to 5 weeks) to familiarize themselves with the environment and get feedback from their peers about The Door and its programs, and can at a later point decide if and when they wish to become involved in a particular activity.

The comprehensive intake interview serves as an important starting point for developing a treatment program for the client. For each young person, an individual treatment plan will be designed, based on his or her specific life circumstances, underlying problems, needs, and strengths. At treatment program planning conferences, the primary counselor and other concerned staff members explore the issues that need to be dealt with and together define the short-term program and goals. The emphasis will be on goal-oriented treatment, with periodic joint assessments by the client and counselor of the accomplishment of these goals. When the goals are achieved or a particular problem is resolved, new goals are established, such as involvement with long-term programs, including utilization of supportive services, activities, and workshops.

An example of one particular client may serve to illustrate the various steps of the client's involvement in services and programs. Lisa, age 16, came to The Door asking for a V.D. evaluation. She indicated no other problem areas or service needs in the Initial Assessment Area. During the comprehensive intake interview in the Health Center, it became clear that Lisa had several other issues to address in addition to her illness. She was living in the apartments of "different friends at different times," was not going to school, could not clearly define her means of support, and appeared defiant, depressed, and in a precarious physical and emotional state. The nurse and the physician who were initially dealing with Lisa were quite concerned about her because there seemed to be many complex problems in her life that she appeared initially unwilling to address with the staff. It was only after several visits with the nurse and physician, officially to initiate treatment, that the following situation emerged. Lisa was the oldest child of a divorced mother of four children. The mother worked as a nurse's aide at night in order to provide for her family and yet be at home during the day with her two preschool children. The burden of much of the housework and caring for the smaller children during evening and nights had fallen on Lisa, who increasingly had resented this infringement on her free time and her opportunity to socialize with peers. Lisa had had an abortion 6 months ago with the knowledge of her mother, who had been very hurt and angry at Lisa, but who had helped her in obtaining the abortion. Three months ago the mother had come home unexpectedly from work one night to find Lisa, a girlfriend, and two young men in her apartment--all under the influence of drugs and obviously sexually involved. Lisa's mother had told her to get out and never come back. Since that time Lisa had stayed in the apartment of one of these young men, who made a major part of his living by selling marijuana and pills. She had not returned to school, had become increasingly involved in drug use herself, and had begun to contribute to the household expenses by selling drugs. She had had no further direct contact with her mother, who knew from friends where Lisa was staying.

This new information made it important not only to deal with the initial problem but to begin a process that would help Lisa to address and resolve the multiple other issues that were making a serious impact on her present life situation. Over the next few months, the following issues were addressed: Lisa received counseling at The Door and was placed on birth control. She agreed to meet with a drug counselor, who explored with her the nature and extent of her drug use and helped her understand the effect it had on her feelings and functioning. During a treatment planning conference, it was agreed that the drug counselor would become Lisa's primary counselor and coordinate her involvement with all other services and activities. Her mother was contacted and during several meetings Lisa and her mother had an opportunity to explore the history of their relationship during the past year and the expectations, the resentment, and anger both had increasingly felt toward each other. Both were not yet ready for Lisa to return home, but Lisa agreed to move to a group home in order to get away from the drug-oriented environment she had recently lived in. She became involved in ongoing group therapy, worked in the Learning Center on her mathematics and creative writing skills, and took part in a dance and a jewelry workshop. She atttended The Door daily for the first 6 months of her involvement. At that point she reentered public high school and reduced her involvement to three nights a week. She began to visit her family on weekends and moved back home 9 months after her initial contact with The Door. At this point she had begun to realize, particularly through her therapy group, her own feelings and needs as well as her responsibilities toward her mother and younger siblings and was able and willing to find a more balanced solution for all concerned. She was no longer using drugs and was involved in a steady relationship with another young man. She remained at The Door for another year, continuing with her therapy group, participating in community meetings, and progressing in her involvement in the dance workshop. Lisa left The Door when she graduated from high school. She had applied to and been accepted at a nursing school with the assistance of the Vocation Counseling Service, after having "tried out" the hospital environment on a summer job placement. She is successfully on her own now and visits The Door occasionally for special events and keeps in touch with her former primary counselor to let him know how things are going.

Some clients in the final phases of their therapy take on new responsibilities by speaking about The Door with other young people in schools, agencies, and parks where adolescents gather. Others volunteer some of their time at hospitals, schools, or agencies for the elderly, or work on special community projects.

CHAPTER 4

Overview of Services

> The Door with its counselors and many services has helped me a lot. Many kids can't bring their problems to their families or schools. The Door is the place they can come to relieve the stresses inside them. Where else in New York can young people come and get their heads together? Be able to get advice on nutrition, education, workshops, all rolled into one, where people are friendly with everyone, where at the end of the night everybody gets together, arm around arm, singing a song?
>
> --letter from a Door client

As a human service system in the broadest sense, The Door has developed an integrative approach combining the best features of a free medical youth clinic, an education center, a social services center, a community mental health center, a community youth center, a cultural center, and a therapeutic drug, alcohol, and delinquency prevention and rehabilitative center. By providing a wide diversity of services, readily available within a single physical setting, The Door seeks to meet its young clients' multiple and interrelated needs. Each month an average of 2,200 young clients are served, and an average of 9,000 service visits are provided. Most young people coming to The Door present multiple problems and, according to a survey conducted in 1978, each contacts an average of 5.3 services.

THE ADOLESCENT HEALTH CENTER

The Adolescent Health Center took form when a group of volunteer physicians, nurses, and other health professionals physically constructed four examination rooms, a laboratory, and a pharmacy in The Door's original Twelfth Street storefront. In the 7 years since that time, the number of clients has increased from 20 to more than 100 per day and the number of paid staff members has risen from none to more than 30.

The Adolescent Health Center is a community-based, primary health care facility in which young people are seen for health maintenance and for diagnosis, ongoing treatment, and followup of their health problems. It is staffed by physicians, nurses, nurse practitioners, a nurse midwife, medical assistants, nutritionists, sex and family planning counselors, health educators, laboratory technologists, pharmacists, and medical receptionists.

The Center has nine medical examination rooms (including an emergency room), three family planning counseling rooms, a family planning office, two nutrition counseling rooms, a health education and group counseling room, nursery, prenatal and postnatal area, an auditory and visual testing room, a medical laboratory, a pharmacy, two medical offices, a conference room, and three health waiting areas.

The Adolescent Health Center is composed of:

- Medical Services
- Prenatal, Young Parents, and Child Health Program
- Adolescent Health Care Program
- Family Planning and Sex Counseling Services
- Nutrition Counseling Service

The Medical Services provide comprehensive health care ranging from routine physical examinations and screening procedures to emergency treatment of minor trauma to diagnosis, treatment, and followup of a wide range of medical and gynecological problems. Treatment, medication, and laboratory procedures are provided free of charge. Medicaid reimbursement is collected for eligible clients and efforts are made to enroll potentially eligible patients in Medicaid.

Many young people are seen for sex-related problems including: contraception services,

testing and examination for pregnancy, venereal disease, and gynecological problems. Young people are also seen for upper respiratory infections, dermatological problems, psychosomatic illnesses, gastrointestinal illnesses, anemia, obesity, malnutrition, and chronic medical problems such as epilepsy and diabetes.

Each young person has an extensive psychosocial history taken, receives a complete physical examination and routine screening tests, which include a serological test of syphilis, gonorrhea cultures, a Tine test for tuberculosis, a Pap smear for cancer, a hematocrit for anemia, and a screening urinalysis. The Center is also equipped to do Gram stains, complete blood counts, blood chemistry tests, a complete urinalysis, and tests for pregnancy, infectious mononucleosis, and sickle cell trait.

General health education is emphasized through preexamination and postexamination counseling, health-problem-oriented group counseling, written materials, films, rap sessions, and seminars in the waiting room.

Young people requiring laboratory or X-ray examinations, specialty consultation, or inpatient care are referred to hospital backup facilities. The Center has a formal affiliation with Bellevue Hospital and Medical Center, and cooperative backup arrangements with New York University Hospital and Medical Center, Beth Israel Medical Center, St. Vincent's Hospital Center, and other medical centers.

Active followup is emphasized at the Center, and young people are reached through telephone contacts, letters, and home visits. To insure adequate treatment and followup, a team of nurses, medical students, and youth workers actively pursues followup of individuals found to have venereal disease, positive Tine tests, positive Pap smears, and other serious problems and illnesses.

The Prenatal, Young Parents and Child Health Program, described in chapter 6, provides initial and ongoing care for pregnant teenagers, young mothers and fathers, and their children. The Adolescent Health Care Program, also described in chapter 6, provides long-term health services for young people with special medical needs.

The Family Planning and Sex Counseling Services provides counseling regarding the responsibilities and timing of parenthood, birth control information, infertility counseling and referrals, and counseling regarding pregnancy. Counseling and exploration of attitudes toward pregnancy, contraception, and sexuality are emphasized in the program because of the confusion and ambivalence frequently experienced among adolescents in regard to these issues and because of the difficulty in providing effective contraceptive services to adolescents. The Medical Services provides necessary gynecological examinations, prescription of contraceptives, pregnancy testing, and obstetrical examinations.

Young people requesting family planning services are seen first in an information and education group conducted by trained family planning counselors and family planning nurses. Within this group participants are provided information about the family planning program as well as explanations of the different methods of contraception, their mode of action, their correct usage, their effectiveness, their advantages, disadvantages, and common contraindications. A description is also given at this time of the various medical, gynecological, and laboratory examinations that are provided to all participants as part of their initial health evaluation prior to prescription of a contraceptive method.

Following this group, each young person or couple is interviewed individually by one of the counselors or nurses. After a choice has been made about a contraceptive method, the physical, gynecological, and laboratory examinations are done and the young person is provided with the chosen method. A young person is asked to return each month for 3 months to review the contraceptive method and to discuss any problems that may have arisen. After 3 months, young people are asked to return every 3 months for medical checkups, renewal of birth control pills, and assessment of their continued contraceptive use.

The Family Planning and Sex Counseling Services also provides individual sex counseling and ongoing group sessions on human sexuality. Experienced medical and psychiatric staff members help clients deal with problems of impotence, frigidity, homosexuality, and sexual identity.

The Nutrition Counseling Services provides information, education, and counseling in the basics of nutrition and the essentials of a balanced diet, as well as therapeutic counseling directed at specific medical problems resulting from poor nutrition such as anemia and other specific dietary deficiencies, acne, fatigue and general malaise, underweight and overweight states, obesity and emaciation due to undernourishment, and anorexia nervosa. A complete nutritional assessment is made for

each young woman who is diagnosed to be pregnant, and counseling regarding her prenatal diet is provided. Counseling regarding the nutritional needs of postnatal young women and their newborn infants is also available.

Counseling is provided for those medical conditions requiring a nutrition component as part of treatment, including ulcers, colitis, constipation, diarrhea, and other gastrointestinal problems, hepatitis, diabetes, hypertension, hypercholesterolemia, and hyperlipoproteinemia. It also provides special food plans for young people who have limited budgets, lack cooking facilities, live on the streets, or travel.

Innovative and creative educational materials and teaching aids relevant to youths have been developed. Group sessions are conducted dealing with food values and composition, food habits and attitudes in the establishment of more healthful living patterns, the processing and refining of foods, ethnic foods, and diets with a life philosophy such as vegetarianism, macrobiotics, and yoga diets.

PSYCHIATRIC SERVICES

The Psychiatric Services provides counseling and therapy to young people who are confused, troubled, depressed, or psychotic within a therapeutic environment that is supportive yet challenging. In order to deal effectively with the great variety of problems present in this population, the Psychiatric Services carries out comprehensive diagnostic evaluations that may include psychological testing and utilizes a number of therapeutic modalities including crisis-intervention counseling, short-term individual psychotherapy, group psychotherapy, individual and group drug and alcohol counseling, pharmacotherapy, couples counseling, family counseling, milieu therapy, and art and recreational therapy. Clients are seen on a walk-in as well as on a referral basis. Visits following the initial contact are scheduled by appointment.

The initial problems presented by young people in the Psychiatric Services include, in the order of frequency: depression, isolation, interpersonal relationship problems, drug and alcohol abuse, family problems, psychosis, anxiety, adolescent identity crisis, situational crisis, sexual problems, aggressive behavior, and suicide attempts. Regardless of their initial presenting problems, many of the young people seen in the Psychiatric Services have used or are using drugs and alcohol. Many of them are multiple drug users, and many suffer from serious underlying emotional problems that contribute to their drug or alcohol use. They range from youths who are experimenting with or moderately using drugs and/or alcohol, to youths who regularly abuse drugs and/or alcohol and whose life functions have been disturbed, to those who have suffered serious physical, emotional, and social disability from extensive substance abuse.

An individualized program schedule is developed by the client's primary counselor in cooperation with each client. Clients are seen in weekly therapy sessions and/or participate in one of the intensive ongoing therapy programs that provide more structured involvement within the context of a total therapeutic milieu. The individual treatment program may include involvement in one or more of the following modalities: individual counseling, therapy groups, program meetings, participation in creative or vocational training workshops, education programs, planned utilization of other services, and group projects and activities such as camping, hiking, community projects, educational field trips, or museum visits.

Therapy groups vary in composition and orientation according to the needs of the young people involved. Some are directed toward young people with severe psychological, drug, alcohol, or delinquency problems, while others are directed toward those who are functioning well, but struggling with problems of adolescent development such as identity formation, peer relationships, and isolation.

DRUG AND ALCOHOL EDUCATION SERVICES

The Drug and Alcohol Education Services provides information and education regarding drug and alcohol use, alternatives to substance abuse, and resources for treatment of drug and alcohol abuse and related problems for all young people coming to The Door as well as for young people in schools and youth residences throughout the city. An extensive library of books, periodicals, articles, and pamphlets, as well as films, filmstrips, sound slide programs, and videotapes are available to young people seeking information about drugs and alcohol and alternatives to their use. Awareness seminars that utilize these media are conducted regularly, and "drug and alcohol raps" are held informally through regular outreach done by The Door, which contacts young people on the streets and in the parks. The staff going on outreach to

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the community, consisting of drug and alcohol counselors and youth workers, also meet with young people in a number of senior and junior high schools, alternative schools, and other programs on a scheduled basis. In addition, seminars and discussion groups are held for teachers and guidance counselors in a number of high schools and colleges throughout the city.

SOCIAL SERVICES

Social Services provides social crisis intervention and supportive counseling services for young people with emergency needs for shelter, food, and clothing and provides information regarding requirements for, and assistance in, obtaining Food Stamps, Medicaid, Social Security, and welfare benefits. Many clients of The Door have lived in rundown, inadequate housing and encountered financial insecurity, lack of proper nutrition, and disorganized, oppressive, and unbearable family situations. There are also young people who have no home after having been discharged from institutional care or who are in urgent need of food, clothing, and a place to stay after having run away or being thrown out of their homes. Runaway or homeless young people are placed in short- and long-term residences, and whenever possible, efforts are made to help them establish contact with their families and establish more constructive communications and relationships with family members. Close working relationships have been established with several emergency and long-term residences throughout New York City. Through these arrangements, The Door attempts to provide these youths with a stable living environment and what amounts to a 24-hour therapeutic program. Referrals are made to free food programs and to sources of free or low-cost clothing and other merchandise. A small fund of money donated by staff and visitors is available for clients who need emergency funds, as is a list of short-term jobs that can provide temporary subsistence-level pay.

In addition to helping clients deal constructively with crisis situations as they arise, the Social Services provides counseling aimed at prevention of crises. Young people are seen after crisis resolution in an effort to assure a continued and appropriate use of The Door's services, activities, and programs and to try to prevent the occurrence of future crises. When a referral outside of The Door has been made, followup occurs at regular intervals to assure the efficacy of the referral. High priority is placed on providing preventive services to high-risk groups such as young pregnant women or young women who have recently delivered or had an abortion and young people with psychiatric or substance-related problems. A file is maintained on available low-cost rooming houses and hotels, cooperative renting agents, and other useful community resources. Advice is given on budgeting and how to live as cheaply as possible in the city. Such concrete services, provided within the context of a caring and supportive counseling relationship, can be very important in helping high-risk young people to maintain healthy and stable living situations.

Social Services staff are also available to interview the families of young people within The Door and to make home visits in order to assess the realities of the entire family situation and to facilitiate the formulation and implementation of a comprehensive treatment plan around their total needs. The family is seen in a family assessment interview to gain understanding of the young person's home environment, early development, and home, school, and community behavior. These interviews provide insight into the young person's individual and family psychodynamics and strengths and can be a means of assessing the likelihood of family support. Family guidance sessions are available to provide support, reassurance, and information about the problems affecting young people and to help the family understand underlying causes and how to deal with them. Social Services staff take responsibility for mobilizing city resources for individual clients and their families to provide those services that cannot be obtained at The Door.

EDUCATION COUNSELING SERVICES

The Education Counseling Services provides information and counseling about opportunities and alternatives in education including public academic and vocational high schools, and alternative programs, colleges, universities, and programs for continuing education. Extensive information and resource files on traditional and innovative education programs and projects are also available. The Education Counseling Services provides educational diagnostic and evaluation services, counsels school dropouts, potential dropouts, truants, and youths with learning disabilities, and helps to resolve problems related to school admissions, transfers, college placement, and financial aid.

A college workshop offers young people who are about to enter or are thinking about entering college the opportunity to explore

their questions, anxieties, and expectations about college and to practice the skills necessary for college-level work. For young people with learning problems or in need of instructional services, an innovative remediation and educational program is provided through the Learning Center, described in chapter 6.

VOCATIONAL COUNSELING SERVICES

The Vocational Counseling Services provides prevocational guidance and career counseling to aid young people in making realistic choices based on accurate information of vocational opportunities, an awareness of their present and potential skills and interests, knowledge about the demands of employment or training programs, and an understanding of work-related problems. Information about a wide range of career areas and training and employment opportunities including part-time, full-time, voluntary, and summer jobs is available. Aptitude and interest tests are also provided and arrangements made for work evaluations and work adjustments.

Through individual and group counseling, young people learn how to go about seeking a job or how to conduct themselves in an interview. The Vocational Counseling Services also aims to prepare them to assume the responsibilities of employment and to help them develop good work habits and attitudes necessary to keep their jobs. Referrals are made to job training programs, apprenticeship programs, work/study programs, employment agencies, and directly to potential employers. The Vocational Counseling Services is also working to develop new employment opportunities for youths.

A number of vocationally oriented rehabilitation workshops help young people improve manual and mechanical abilities and develop vocational skills, including workshops in carpentry and furniture-making, fashion design, bookkeeping and accounting, jewelry-making, sewing and weaving, cooking, graphics, pottery, and videotape.

LEGAL COUNSELING SERVICES

The Legal Counseling Services provides advice, counseling, and representation to young people on civil and criminal cases, problems and questions related to family court (persons in need of supervision, delinquency, neglect, abuse, custody), runaway minors, rights of minors, parental obligations, schools, arrests, probation, drugs, housing, government benefits, consumer rights, employment, and discrimination.

Clients also receive advice and assistance in dealing with various social and administrative agencies and in obtaining benefits such as welfare, Medicaid, workmen's compensation, and Food Stamps. The Legal Counseling Services also helps young people to understand their rights and responsibilities under the law and to resolve legal questions and problems that otherwise interfere with normal functioning and inhibit a treatment/rehabilitation process.

Young people also receive direct legal representation including intensive preparation, negotiation, and trials and administrative hearings.

The Legal Counseling Services has developed relationships with the police, courts, and probation to divert young people from the courts into The Door's Psychiatric Services. The Legal Counseling staff is also engaged in efforts to expand the rights of minors and to bring about reform of the law related to youths through test litigation, education, and legislative advocacy.

CHAPTER 5

Enriching the Therapeutic Process: Special Programs, Workshops, and Creative Activities

In a New York Times article on The Door, the reporter described his impressions as follows:

> On any weekday night, The Door buzzes with activity, and within the 55,000 square feet of space, anything from a discussion group to a volleyball game might be going on. A giant kiosk bearing notices of a new weaving class, a weight-loss meeting and child-care training, among other things, dominates the entrance area. The furniture in the pottery studio was built by woodworking students, and people taking jewelry classes contribute income from the sale of some of their work to The Door to help pay for their free supplies and instruction.

This report on a typical evening at The Door highlights a few of the varied creative and vocational workshops; physical education, sports, and martial arts programs; youth leadership training; and other special educational activities that extend and enrich the therapeutic process.

> The Door has taught me to speak through poetry and a novel I'm writing. It has taught me to listen to people, to witness the pride of humanity, to see it create through poetry, music, pottery, jewelry, architecture, art, posters and even video-tape recording. And The Door has even helped people to believe in and be aware of their bodies through judo, yoga, dance, theatre, gymnastics, aikido, basketball, fencing--and I could go on and on.
>
> --a Door participant

These enriching experiences that add a creative and learning dimension to The Door's treatment programs have been set up to deal with many aspects of the young person rather than only with problem areas. The Creative and Vocational Training Workshops provide young people with opportunities to explore their own potentials for creative expression, to develop work-related skills, and to gain a sense of confidence and self-esteem. In the workshops young people can relate to peers and adults in a constructive atmosphere of respect and trust, while learning skills and developing problem-solving capabilities that

Jewelry making develops prevocational skills--and is also just plain fun.

will help them to achieve their full human potential.

Some young people are initially attracted to The Door by creative abilities that are of particular interest to them. At a later time they may make use of the services to resolve problems that they had not felt comfortable in revealing earlier. The workshops and other special activities are individually structured to augment the psychotherapeutic, educational, or vocational program in which the young people are involved.

CREATIVE AND VOCATIONAL TRAINING WORKSHOPS PROGRAM

This program gives young people an opportunity to engage in a therapeutic and learning process through which they can recognize and realize their potentials for creative functioning, and for learning work-related skills that are challenging and satisfying. Through this process of creative self-expression, participants can experience a growing sense of respect for themselves and for their individual worth.

In the workshops young people can test out a wide range of possible career choices and creative expressions, learn to work cooperatively with others, and develop pride in the quality of their skills. The workshops therefore serve as a valuable vocational and life training modality. Arrangements have been made for young people to receive credit in New York City high schools for participation in various workshops.

At present, the workshops include classes in:

carpentry and furniture-making
painting and drawing
sculpture
graphics
illustration
videotape
photography
mixed media
basketry
pottery
jewelry
needlecrafts
sewing
textile arts (fabric design, weaving, batik, and tie dye)
stained glass
creative writing
poetry
music
dance
voice training
theater

There is opportunity for participants in the workshops to initiate and take part in special projects developing out of the various workshops, including summer street programs, fairs, plays, concerts, dance performances, and exhibits. Participants have presented a number of public poetry readings, original theater productions, dance and music performances, and video documentaries. The young people in the workshops also engage in rap groups to explore the human, social, creative, and therapeutic dimensions of their work.

Woodworking skills can be applied in many ways by young people--at home, in seeking work, and in helping The Door facility.

The Creative Workshop Program also provides rehearsal and studio space for young artists in the community. Liaison with a local arts college has resulted in the completion of a

large fresco in the creative workshop area that depicts The Door's program, staff, and young people. The Door has been recognized as a creative and effective setting for the placement of full-time CETA artists who are assured support and who bring their professional artistic experience directly to the young person.

In order to expose Door participants to the varied cultural expressions of New York City, professional artists are regularly invited to perform dance, music, and theatrical productions at The Door. The young people, who are both enriched and inspired by these experiences, are always enthusiastic in their response to the guest performers.

RECREATION AND PHYSICAL EDUCATION PROGRAM

The Recreation and Physical Education Program offers young people the opportunity to engage in constructive physical activities and to establish positive peer relationships as an integral part of their overall treatment program. The aim of this program is to help young people improve their general physical condition and self-image, and to become more aware of and responsible for their bodily health.

The program includes gymnastics, exercise, volleyball, badminton, paddleball, tennis, handball, weightlifting, wrestling, basketball, and fencing. Emphasis in all activities is on working cooperatively with peers as a team and on gaining a respect for good health. Structured classes, open game times, and the development of teams offer a variety of entry points and challenges for the entire population.

Because of the interest in gymnastics by a number of young people and the availability of two youth workers who are certified instructors in gymnastics, The Door Gymnastics Team has been formed. This team has competed successfully in several tournaments in the city and has contributed significantly to other young people at The Door who take pride in the accomplishments of fellow Door participants. As the team frequently does gymnastics demonstrations for other Door participants, team members become role models demonstrating the importance in their lives of physical activity and consistently applied effort.

A gymnastics team--the pride of accomplishment.

COUNTRY AND WILDERNESS PROGRAM

The Country and Wilderness Program consists of a series of weekend and week-long experiences in camping and hiking in the woodlands and mountains of upstate New York. It provides an "outward bound" experience for disadvantaged, inner-city youths involved in the ongoing therapeutic programs at The Door. Staff members who are trained and experienced in camping, hiking, and climbing, and who are knowledgeable about ecology, biology, and woodlore take young people into country and wilderness areas for an intensive experience in camping, hiking, and exploration.

The Country and Wilderness Program offers participants an opportunity to gain a new perspective on the forces that influence their lives. It provides experience in taking responsibility and working in cooperation with others.

Within this context the program aims to apply the development of camping skills toward the growth of self-reliance, autonomy, and a sense of self-worth, and to extend the therapeutic

process in which the participants are already involved at The Door through exposure to a new and challenging environment.

MARTIAL ARTS PROGRAM

As part of The Door's program of exploring alternative lifestyles and providing positive group support and identification, the Martial Arts Program exposes young people to a variety of Eastern cultures, life philosophies, and disciplines, many of which are in sharp contrast to their current lifestyles.

The program offers instruction in meditation, breathing and relaxation exercises, centering, Tai Chi Chuan, aikido, Tae Kwon Do, karate, judo, and Arnis. Field trips are made to centers of study and instruction in these disciplines within the city. In addition, Tae Kwon Do students participate in tournaments and have won several trophies in various northeastern regional competitions.

The martial arts provide opportunities for young people to direct physical, aggressive, and competitive energies and tensions into constructive channels that require discipline and self-control and to learn an ethic of respect, moderation, and measured use of force. For young people who are tense, anxious, and confused, the techniques utilizing centering, body movements, and breathing exercises promote relaxation, calm, and greater focus. The students who have internalized the discipline necessary in the martial arts provide role models for other young people. They are actively involved in the development and maintenance of the practice space and are given opportunities to take on responsibilities and utilize their newly discovered authority in appropriate ways.

EDUCATIONAL FIELD TRIPS

A program of planned educational field trips is conducted to different parts of New York

Martial arts--combining discipline, physical skill, and a sense of self-worth.

City in order to provide young people with an opportunity to move beyond the boundaries of their own neighborhoods, to explore the cultural richness and diversity of the city, and to discover the variety of resources available to youths. Visits are made to museums, neighborhood centers, youth programs, corporations, service institutions such as hospitals, cultural centers, and special events. Each field trip is preceded by a planning session and followed with a discussion and evaluation of the visit by the young people and staff involved.

THE YOUTH LEADERSHIP PROGRAM

This program provides paraprofessional training and education for youths who are concerned with problems and issues relevant to young people, who are seeking opportunities to be of service to others, and who are ready to assume leadership among their peers at The Door and in their schools and communities. Youth workers are assigned to various service components of The Door and receive ongoing inservice training from supervisory staff members. The youth workers assist staff, provide introductory information about specific programs, and orient new young people to the services, activities, and programs at The Door.

Youth workers participate in outreach activities outside The Door and assist with followup and home visits. They participate in weekly youth awareness seminars, ongoing group supervision to review questions and dynamics encountered in their work with other youths and staff, and participate in weekly inservice education meetings with the supervisory staff who coordinate their activities and training within a particular service.

Other young people who are interested in developing leadership skills and acting as liaison persons between The Door and their schools and communities are involved in youth leadership and advocacy workshops and youth awareness seminars, and participate in an in-depth, service-by-service orientation to The Door. Where possible, these youths also take part in the development and planning of projects in their own schools and communities in order to express the interests and concerns of youths and to mobilize the energies of young people in constructive ways.

CHAPTER 6

The Longer Commitment: Ongoing Treatment and Education Programs

Initially new clients of The Door tend to utilize only those services that are relevant to the specific problems they present--and usually their initial involvement is on an as-needed, short-term, or crisis-intervention basis. For example, some young people might come for the medical or educational services if they are experiencing difficulties in these areas. As these young people begin to deal realistically with their identified problems and needs, many begin to participate in long-term, structured programs.

The Door has developed intensive, ongoing programs to serve the entire range of its client population, from young people with serious psychological problems, drug and alcohol abuse, legal, educational, and vocational problems, to youths who are generally functioning well but who are struggling with the psychological dynamics of adolescence such as peer relationships, parental authority, sexual and human identity, and the search for authentic means of self-expression. Through involvement in these programs, young people can participate in an intensive, ongoing process of therapy and rehabilitation, change of negative and destructive patterns of behavior, resolution of personal and interpersonal problems, learning, and self-actualization.

CRISIS INTERVENTION AND SHORT-TERM TREATMENT PROGRAMS

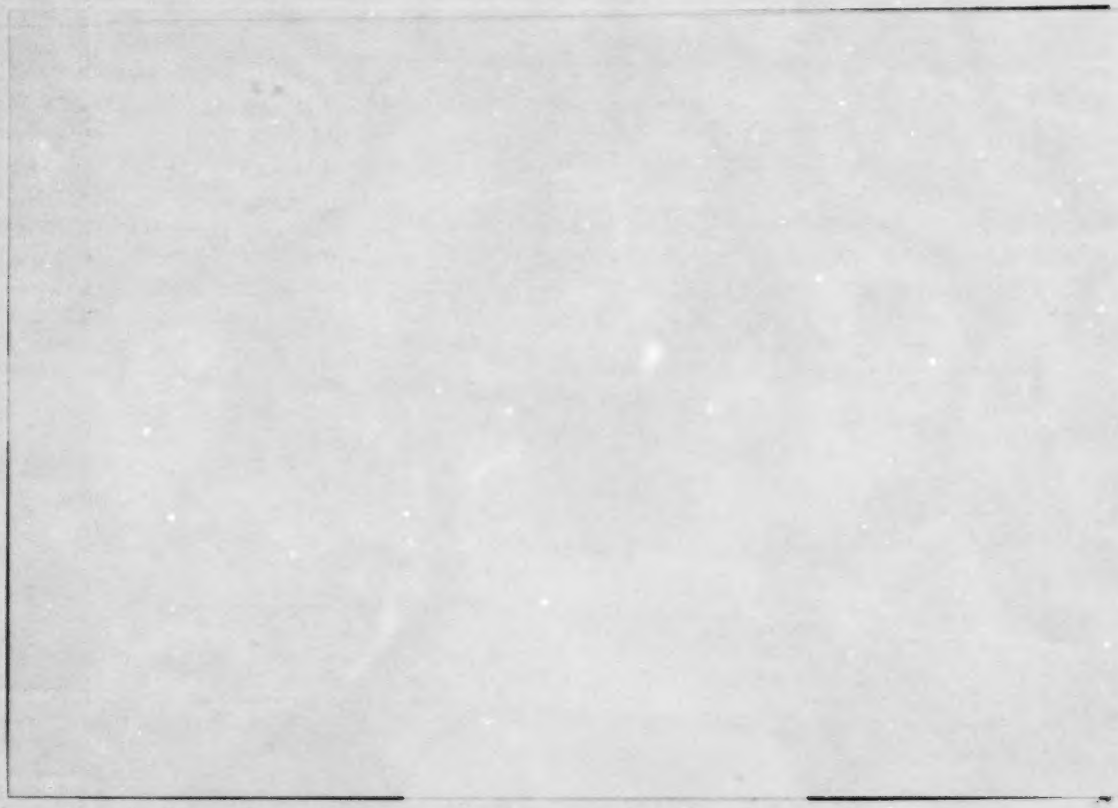
Through The Door's Crisis Intervention and Short-Term Tratment programs, young people who are not yet ready to become involved in more intensive therapy receive needed counseling and treatment in a broad spectrum of specific problem areas. As they deepen their involvement, they may decide to join the creative and rehabilitative workshops, take part in orientation and rap groups, and participate in youth awareness seminars. Within the supportive environment of The Door, young people can become involved in alternative activities before destructive behavior patterns develop into a lifestyle and have a major impact on their lives.

Some young people whose immediate needs are met by the Crisis Intervention Program will terminate their involvement with an option to return at a later date for additional help. Other clients may choose to become involved in the more structured, long-term programs.

THE MENTAL HEALTH, DRUG AND ALCOHOL TREATMENT PROGRAM

The Mental Health, Drug and Alcohol Treatment Program provides structured, long-term involvement for young people with serious drug, alcohol, and other mental health problems such as severe anxiety and depressive reactions, suicidal behavior, long-standing aggressive, self-destructive, or other dysfunctional behavior patterns, and acute or chronic psychotic reactions. Many of these young people have grown up in institutions, foster homes, or families devoid of love or stability and have become bitter, distrustful, and unable to function, to maintain long-term constructive relationships, or to find vehicles for meaningful self-expression. The program deals with young people who have suffered serious disability from extensive drug or alcohol abuse and who require a structured and intensive therapeutic and rehabilitative program. The program is aimed at helping young drug and alcohol abusers discontinue the use of addictive substances, give up a substance-oriented lifestyle, develop a positive self-image, and learn to function constructively in the community.

Following entry into the program, which has a duration of 18 to 24 months, a team of staff members who have relevant contact with the client jointly evaluate the young person with regard to life and family situation, educational, vocational, and economic status, as



A therapy group in the "Counseling Garden" allows sharing with and learning from one another.

well as his or her potentials and life goals. The evaluation also serves to identify medical, emotional, and other problem areas, the client's ability to use existing services and support systems, and his or her motivation for dealing with problems and for becoming involved in structured, task-oriented therapy.

Following this evaluation a primary counselor is selected as the person responsible for coordinating and supervising the client's overall treatment program. This counselor--together with the team that will plan the client's therapy--is responsible for the continuity of the client's care throughout his or her involvement in the program.

An individualized treatment plan, with specific goals, is then designed for each client. It deals with the strengths as well as the problem areas of the young person's life in an effort to provide challenges as well as supports and aims to involve him or her in a process of change that deals with behavior patterns as well as with related psychosocial problems.

The program utilizes an interdisciplinary team approach for initial and ongoing treatment planning in which a team of staff members from different disciplines reviews each client on the basis of his or her particular problems and needs. The team includes all staff, students, and volunteers who have had significant contact with clients, and the team members work closely together in regular client review meetings, program planning sessions, and special meetings during times of crisis. This interdisciplinary team approach, together with optimal involvement of the young person in the treatment planning, makes possible a unified and realistic response to the

individual's overall life needs, problems, and potential.

In treating young people involved in the Mental Health, Drug and Alcohol Abuse Program, the establishment of a socially constructive milieu is considered of primary importance for the adolescent whose previous social experience has often been destructive or alienating. Within this milieu she or he is able to be part of a more varied peer group with a wider range of social experiences and thus has an opportunity to experiment with alternative viewpoints and more constructive lifestyles. The use of individual and group modalities allows the young person to explore his or her life reality, behavior, and peer interaction and makes the therapeutic approach concrete, pragmatic, and reality oriented.

The client's day-to-day activities within this dynamic therapeutic milieu as well as within his or her outside community provide the material for feedback, understanding, and experimentation with new modes of behavior. The therapeutic setting creates a corrective learning situation where positive interaction, problem solving, self-expression, and responsibility taking are encouraged and reinforced. This exposure to a new, growth-oriented peer environment and social setting helps the young person to develop new ways of relating to others, to learn about the advantages as well as responsibilities of being a member of a human community, and to establish a positive self-image. The therapeutic milieu of the program also provides a sense of warmth and belonging, which is often absent in the lives of many of these youths.

On a structural level, the Mental Health, Drug and Alcohol Abuse Treatment Program defines four therapeutic phases: (1) life stabilization, (2) confrontation and therapy, (3) reintegration and exploration of alternatives, and (4) autonomy. Prior to entry there is an orientation phase. After completion of the program, there is a followup period.

Phase 1 deals with problem situations contributing to the continuation of external stress and a crisis-oriented lifestyle, which must be resolved before the client can be successfully involved in treatment. Involvement in appropriate services to resolve existing critical life problems is a major part of the process of life stabilization. Individual counseling and group therapy provide support and continuity of contact for the new client.

If after 3 months the young person is no longer in crisis, has been able to establish a more stable living environment, and is attending regularly, he or she then enters Phase 2. In this phase, which lasts about 10 months, the primary aim is to help clients develop a greater awareness of themselves, their feelings, conflicts, and behavior patterns and the impact that their environment has on them.

Within the context of real life situations at The Door, in selected creative, educational, and vocational workshops, as well as through other therapeutic modalities, the young person is able to develop constructive approaches to problem solving and ways of relating to others. Educational and vocational counselors help the client develop academic and basic skills required for meaningful work. In order to develop a sense of responsibility, participants take on tasks on a regular basis, such as assisting in workshops and orienting new participants to The Door.

Once the young person has gained a better understanding of himself or herself and has moved toward resolution of major problems, has gained an increased sense of self-worth, and has improved social and interpersonal functioning, he or she enters Phase 3. An important focus here is the search for new values and attitudes. Emphasis is placed on developing more constructive interaction in peer and family relationships and increased responsibility for others in The Door's programs. The goals in this phase are considered achieved when the young person has begun to develop a more positive lifestyle and is able to interact more constructively with society and to cope with stress without returning to old, negative responses.

In Phase 4, which lasts about 3 months, those young people who have assumed more independence and greater responsibility for their lives complete their reintegration into the larger community. Reentry groups provide support and encouragement for clients in meeting the challenges and opportunities of increased autonomy. An important goal in this phase is the resolution of fears and anxieties involved in separating from the supportive environment of The Door. Individuals participate in study and vocational groups related to their educational and job careers. Participants are encouraged to take on leadership positions within The Door and in the community and also to provide support for other program members.

At the end of this phase, the client and selected staff review the progress made to decide whether treatment has come to a satisfactory conclusion. Followup plans are made together with the client and return visits are planned. Young people who have completed

treatment may continue to use the services on an "as needed" basis or assist in special projects and workshops.

During this four-phase treatment process, individual and group psychotherapy, drug and alcohol counseling, crisis intervention and social services, comprehensive medical care, nutrition counseling, program meetings, youth awareness seminars, education and vocational counseling, legal counseling, learning workshops, and rehabilitation and creative workshops are available to each participant.

In individual therapy, with the help, support, and challenge of the therapist, the young person can explore and deal with anxieties, negative self-images, destructive behavior patterns, and distorted perceptions of reality. Through the ongoing therapeutic process, more constructive ways of functioning and relating, a healthier self-image, and better reality-testing are established. The young person moves from a state of confusion, isolation, withdrawal, or destructive acting-out toward a more resolved, involved, and active life.

Group therapy brings young people into a peer environment in which, under the guidance of the therapists, they can become aware of, explore, and deal with the problems of interacting and relating. Skills in communication, establishment of trust, mutual care, and concern are important ingredients of this therapeutic process. Exploration of common themes and problems such as anxiety, isolation, depression, peer relationships, feelings of inadequacy, drug and alcohol abuse, sexuality, authority figures, boredom, and acting-out offers opportunities to share experiences, inhibitions, and fears, to explore common defense patterns, and to find new, workable alternatives to old patterns.

THE ADOLESCENT HEALTH CARE PROGRAM

The Adolescent Health Center was described in chapter 4. Within the Health Center there are several programs that address specific needs of clients of The Door. These programs are: The Adolescent Health Care Program, the Prenatal, Young Parents and Child Health Program, and the Health Advocacy Program.

The Adolescent Health Care Program provides in-depth, ongoing health care to inner-city youths who do not use regular health care facilities and whose health care has been neglected; to youths who have severe chronic medical illnesses such as asthma, hypertension, diabetes, and ulcers; to young people who have poor health and nutritional habits and are generally "run down"; to young people who have a strong tendency to express anxiety and depression through physical symptoms. The program is also utilized by young people who are particularly interested in learning more about how to prevent illness and maintain their well-being.

Emphasis is placed on health education and counseling and on mobilizing the young person's interest, awareness, and sense of responsibility for his or her own body and state of mind. In addition to the comprehensive medical examination routinely done in the Adolescent Health Center and the specific treatment program initiated for particular medical problems, young people are involved in regular health counseling and education groups.

These groups help the adolescent to better understand the growth process and functioning of the human body, as well as the nature of underlying disease processes, and point out the relationship between behavior patterns, lifestyles, and physical well-being. These groups also deal with important issues such as the value of continuity of health care and followup, the effective use of the health care system, and appropriate preventive health measures. Ongoing health attitude assessments are done to determine whether the young person is moving toward a more health-oriented style.

THE PRENATAL, YOUNG PARENTS AND CHILD HEALTH PROGRAM

The Prenatal, Young Parents and Child Health Program has been developed for young mothers, young fathers, their children, and those young women who are pregnant and want to keep their expected child. It offers a wide range of services to care for the physical, social, and psychological well-being of the mother, child, and father. The Prenatal Program includes prenatal counseling and medical care, prenatal exercises, nutritional guidance, counseling, and preparation for the care of the newborn child. The young women are followed medically throughout their pregnancy by the gynecological staff of the Adolescent Health Center, and their delivery is arranged in conjunction with obstetrical departments of hospitals affiliated with the Center. Psychiatric and other supportive services as well as involvement in the ongoing

educational and therapeutic programs of The Door are an integral part of this total care program for pregnant adolescents.

The postnatal and early child-rearing phase of the program provides followup care for young parents who have been involved in the Prenatal Program at The Door as well as for young mothers and children referred to the program after prenatal care and delivery in another clinic. This postnatal phase offers counseling, support, and guidance during the critical time of early relationship between parent and child. Postnatal counseling is provided in ongoing individual sessions, as well as in groups and seminars focused on providing education, support, and guidance during the early child-parent relationship. Physical care of the newborn and infant as well as psychological and developmental aspects of childrearing are the focus of the educational component of the program. Ongoing medical care for the mother and child is provided by the Adolescent Health Center.

The Door's facility includes a nursery where children of young people involved in The Door's programs are cared for while their parents participate in services and program activities. This nursery also provides training and experience to young mothers-to-be and other young people.

THE FOOD SERVICES PROGRAM

An evening meal is prepared and served five nights a week under the guidance of experienced nutritionists. These meals provide one-third of the daily recommended allowance of nutrients and for many adolescents may well be the only nutritionally balanced meal of the day. The meal is free for young people under the age of 18 and for those unable to pay; those over 18 pay 40 cents. The kitchen is equipped in accordance with institutional guidelines, and meals are served cafeteria-style in the dining area, which seats 50 persons. The Food Program is partially funded by the U.S. Department of Agriculture.

The Food Services Program serves three functions: (1) to provide nourishment to young people whose nutritional intake is often inadequate, (2) to serve as an educational medium in which concepts discussed in nutrition counseling sessions can be demonstrated by the

Young mothers- and fathers-to-be explore issues related to becoming young parents.

Bilingual study groups explore cultural heritage as well as language. The small-group format permits intensive learning, adaptation to individual needs, and greater peer sharing.

meals served, and (3) to offer young people an opportunity to participate in meal planning, food preparation, and meal distribution on a large scale, as well as learning the use of institutional equipment and hygiene in food preparation. Some young people may later employ these skills in a food service career.

THE LEARNING CENTER PROGRAM

The Learning Center Program provides ongoing supplementary educational assistance to youths who are experiencing difficulty in school and an alternative education program for youths who have dropped out. The Learning Center offers young people who have a wide range of educational problems and needs a variety of structured individual and small group learning experiences. Through one-to-one tutoring, individualized and theme-centered workshops, and counseling, the Learning Center aims to help young people improve their basic skills, develop good study habits, and broaden their personal and vocational interests. Because of the prevalence of school failure, the enhancement of self-image as a learner is also an important goal for young people in the program. Many in-school youths also earn high school credits for their participation in the Learning Center. Dropouts work toward a high school equivalency diploma.

On entering the Learning Center all young people receive an orientation to the program and an initial assessment including brief diagnostic tests of their reading and mathematics skills and an educational profile reviewing school history and present educational status, interests, and goals. All participants are assigned a primary teacher who is responsible for assisting them in defining their problems and interests, establishing goals, and structuring an appropriate, individualized program, as well as for followup and regular evaluation of progress. Participants also maintain a journal containing their goals, schedule, and a record of their work.

The Learning Center program functions in 8-week cycles. At the end of each cycle the overall program schedule and activities and individual schedules are evaluated and modified where necessary. A young person, however, may enter the program at any time. In addition to one-to-one tutoring, workshops are offered in mathematics and in language arts including remedial reading, basic writing, and English as a second language. Theme-centered workshops such as decisionmaking, creative writing, black awareness, Hispanic studies, urban ecology, and science and health are also offered, as are special projects like book clubs, a newsletter, field trips, and independent study projects.

The Learning Center has a multimedia materials collection that has been developed especially for inner-city youths. Although materials cover a wide range of reading levels, from the nonreader to adult reader, special attention has been paid to developing a collection of high-interest, low reading level materials relevant in content to this youth population. In addition to printed materials, a variety of film, filmstrip, slide, and audiocard program materials are utilized and a collection of standard resource materials is available.

The Learning Center occupies a 4,000 square foot area within The Door's facility and has been designed to incorporate many of the characteristics of an open classroom and a media/resource center. Areas for workshops, individual tutoring, special projects, and audiovisual presentations are set up and defined by flexible arrangements of bookshelves, carrels, chalkboards, and multimedia cabinets.

From 1974 to 1977 the Learning Laboratory, a federally funded, 3-year research and demonstration project, was conducted in the Learning Center. This project was directed toward the study of learning problems of inner-city youths involved in drug abuse and the effectiveness of an innovative learning program as an educational/treatment modality for these youths. A monograph titled The Learning Laboratory describing this project was prepared at the request of the National Institute on Drug Abuse and was published in 1980.

Each young person participating in the Learning Center Program is assigned a main teacher with whom he or she develops individual study objectives and a scheduled plan of attendance. He or she also meets regularly with other program participants to integrate learning experiences encountered in other services, creative workshops, and programs of The Door.

THE ADOLESCENT IDENTITY PROGRAM

The Adolescent Identity Program offers an opportunity for intensive involvement in a structured program of therapy and self-exploration to young people who are struggling with the problems and developmental tasks specific to the adolescent period: search for identity, clarification of sexual roles, struggle with authority figures, assertion of independence, exploration of peer group relationships, and search for meaningful life goals. The young people involved in this program are not suffering from severe psychological disturbances and are usually able to maintain a good level of functioning.

The program provides ongoing therapy groups, community meetings, involvement in learning and communications workshops, creative workshops and performing arts projects, and participation in youth awareness seminars. Each young person makes a commitment to follow an individualized program, which he or she helps to develop, offering full utilization of the therapeutic environment of The Door.

Group sessions and community meetings provide an opportunity for exploration, peer challenge, sharing of common life experiences, evaluation of the degree of involvement and progress of group members, and clarification of life realities and goals. Through taking increasing responsibility and providing leadership in group tasks, the young people begin to experience themselves as being able to grow and become more mature and responsible human beings.

CHAPTER 7

The Door Reaches Out: Community Involvement, Interagency Liaison, Referral and Backup Services

> Just when we thought that supportive services were nowhere to be found, we learned of The Door. . . . Whatever the youth's problem, The Door can deal with it.
>
> --youth employment counselor, Bushwick Neighborhood Youth Corps

Throughout its existence, The Door has functioned as an integral part of the larger human services system rather than as an isolated unit. As an expression of its integrative approach, The Door has established and maintained extensive contact and communication with members of the local community and has developed a broad network of interagency liaison and referral and backup systems as a means of delivering more effective and comprehensive services to its young people. Through its interaction with numerous health, mental health, educational, legal, and other service agencies, The Door has helped facilitate many innovative changes in youth institutions and agencies in New York City and elsewhere.

The Door has gained the warm support of many people from the surrounding area. Regular visitors include parents and local residents, owners and managers of nearby businesses, directors of community programs, teachers, guidance counselors, and representatives from local police precincts, all of whom act as "friends of The Door" and express interest in its programs, often bringing donations of books, records, plants, and supplies.

Large numbers of local youths actively participate in the programs and serve as spokespersons for The Door in their neighborhoods. The Door has recruited a number of its staff, including youth workers, professionals, and paraprofessionals, from local residents who are familiar with and sensitive to the special needs of the community.

In following up on one of the recommendations of the Youth, Health and Social Systems Conference sponsored by the U.S. Department of Health, Education, and Welfare (now the Department of Health and Human Services) in October 1973, The Door drew together professionals from different disciplines--health, mental health, law, and education--who were working on administrative levels in agencies and institutions serving youths in New York City. This group initiated the Youth Services Forum, which has been a vehicle for interdisciplinary communication, exploration of specific problems related to youth services, and support of creative directions in provision of youth services.

Staff members are also active in a number of community health, mental health, and educational interagency planning boards and committees.

COMMUNITY, YOUTH, AND AGENCY OUTREACH

The Door has developed an extensive Community and Youth Outreach Program in order to contact and involve young people in need of services and to develop referral arrangements with professionals, paraprofessionals, agencies, and institutions that work with adolescents throughout New York City.

Youth-oriented outreach activities focus on contacting young people such as school dropouts, members of youth gangs, and youths who come from deprived and troubled inner-city families. Outreach workers attempt to reach young people who are bored, lonely, and alienated, who are into drugs and drug-oriented lifestyles, and who are reluctant to

seek help for their problems from traditional agencies or institutions or who are unaware of the existence of services and resources relevant to their needs. Outreach workers visit local hangouts, parks, and recreation areas and engage young people in music sessions and informal rap sesions about The Door and other issues relevant to youths. Youths are encouraged to return to The Door with the outreach staff or to visit it at a later time at their convenience.

Other youth-oriented outreach activities in the community include contact with youths in agencies and institutions providing direct services to adolescents. Visits are made to special school programs and student groups, and to teachers, counselors, and street workers from junior high schools, high schools, and alternative education programs. All students are invited to come to The Door. Staff participating in outreach to the schools work in cooperation with teachers, guidance counselors, and school drug counselors in an effort to provide more continuous and comprehensive services to youths. Similar outreach visits are made to residential treatment centers, detention programs, psychiatric hospitals, residences, and drug treatment detoxification centers. The Door also holds youth fairs that provide a vehicle for young people to come and learn about its services and treatment programs.

Interdisciplinary teams of staff also conduct agency outreach through speakers and seminar programs directed toward increasing communication and cooperation among agencies and institutions serving youths. Agency and institutional outreach focuses on increasing awareness of the need for and importance of a comprehensive multiservice treatment approach to their problems. Educational and training sessions have been provided for a wide range of professionals and paraprofessionals, including drug counselors, social workers, lawyers, teachers, nurses, and psychiatrists. Hospital "grand rounds," inservice seminars, panel discussions, and conference workshops presenting The Door as a model multiservice center for adolescents have been conducted at hospitals, medical and nursing schools, community agencies, drug programs, and professional meetings and conferences.

We Can Be Anything--a musical combining dance and theater composed, choreographed, and performed by the "Young People's Performing Arts Company" of The Door.

The Agency Outreach Program offers interdisciplinary seminars to staff members of junior and senior high schools. The seminars provide information about the physiological and psychological dynamics of adolescents. Topics include drug and alcohol abuse, common medical problems, body image, sexuality and problems of identity, the legal rights of minors, and cultural, educational, and vocational resources and alternatives. Through agreement with the Board of Education, The Door also conducts seminars for inservice training credit for teachers, drug education specialists, drug coordinators, and guidance counselors in public primary, junior high, and high schools throughout New York City.

INTERAGENCY VISITORS PROGRAM

In order to meet the requests of professionals and officials from many agencies and institutions in New York City, as well as from other areas of the United States, the Interagency Visitors Program has been developed. This program arranges visits to The Door for individuals and groups including officials from Federal, State, and city agencies; administrators and staff from drug treatment programs, youth centers, community programs, hospitals, courts, and schools. Groups of visitors are taken through the facility and told of its development, staff, services, workshops, and ongoing programs and of its overall functioning and orientation as a multiservice center for youths. In addition, a number of Government agencies such as the U.S. Department of State and the U.S. Department of Health and Human Services have arranged for officials and professionals from a number of countries in Central and South America and Europe to visit The Door as a model youth program. To date more than 7,000 persons have visited The Door to learn about its innovative programs and activities.

COMMUNITY/CONSUMER ADVISORY BOARDS

The Door's Community and Consumer Advisory Boards serve the important function of promoting increased communication between The Door, its consumers (clients), and the community. The Boards consist of two major groupings: people from the community who have visited the center and have offered their assistance, including residents, businessmen, clergy, and community leaders, and young people utilizing the services of The Door.

The purposes of the Boards are: to provide input and advice on the needs and interests of the consumer population and the community; to provide feedback on the quality and effectiveness of its programs; and to provide advice and recommendations regarding its development and operation, particularly as related to the provision of services to the consumer population. Another function is to serve as a vehicle for communication between The Door and residents, businessmen, community leaders, and service agencies in the community.

LIAISON AND BACKUP ARRANGEMENTS

In order to facilitate referrals to and from The Door and to provide integrated service to young people with multiple needs, The Door has developed arrangements for backup and liaison with many agencies and institutions throughout the city. These include public and private hospitals, social service agencies, psychiatric counseling services, schools, churches, courts, legal aid and legal service agencies, vocational training programs, public health and youth service agencies, short- and long-term residences for adolescents, and residential treatment programs.

The Door has developed extensive backup and referral arrangements with health and mental health facilities, drug programs, and other agencies and organizations that provide services to adolescents. Through these affiliations a full range of backup services are provided for The Door's clients. The Door's commitment to working cooperatively with a broad range of agencies and institutions has helped to increase integration--and reduce fragmentation--within the larger system of services for young people in New York City.

CHAPTER 8

Staff Training and Interdisciplinary Training for Graduate Students

STAFF TRAINING

All staff participate in a training program that insures that young people receive a high quality of professional care at The Door. The staff training program is designed to respond to the needs that all staff share in The Door's interdisciplinary treatment setting as well as specialized training needs. The Training Task Force, comprised of senior staff persons, is responsible for the design of the Staff Training Program and monitors training effectiveness. Senior staff, who have a minimum of 2 years and often 5 to 10 years of experience in their fields, conduct seminars and training modules. Lectures, discussions, case presentations, and skill development workshops are used in conjunction with slides, films, and videotapes. Professionals from other service agencies with expertise in specialized areas are invited to make presentations to the staff on a regular basis. The training program is enriched by the diversity of disciplinary perspectives and areas of expertise available at The Door.

The training sessions, which are held on a regular basis, focus on a variety of issues related to youths, including adolescent medicine and psychiatry, drug and alcohol abuse, sexuality, crisis intervention, suicidology, law, and selected topics related to individual, group, and family counseling and therapy. Training in generic skills, such as interdisciplinary teamwork skills and short-term, goal-oriented counseling, is provided to all new staff members. In addition, all staff participate in ongoing training within their own discipline and service areas.

Staff training modules run once a week for 1 to 2 months' duration. Feedback from staff and trainers is utilized by the Training Task Force to determine needed followup for each module and seminar series. Emergent staff training needs are often identified and addressed within the specific service areas so as to most rapidly integrate new knowledge and skill with service delivery needs. By following generic training with service-based review, the interface between staff training and service delivery is strengthened. In addition to ongoing staff training, twice a year all staff participate in a Staff Training and Development Weekend Workshop, held outside the city, that is aimed at further integration, communication, and growth among the staff.

Specialized training tracks for specific staff groups include mental health worker training, "junior staff" training, team leadership training, and training for staff working within specific programs. Mental health worker training focuses on the development of skills necessary to work effectively within a therapeutic milieu. Training emphasizes program planning, group skills, therapeutic interaction techniques, interviewing skills, psychosocial history taking, and seminars on a wide range of issues such as cultural and ethnic backgrounds of inner-city youths, social problems and needs of adolescents, and normal and abnormal adolescent development.

Team leadership training focuses on the needs of the planners, program coordinators, and "systems staff" of the interdisciplinary treatment teams. The training focuses on team management issues such as maintenance of group unity in conjunction with very high task output requirements, planning strategies to accommodate review of unusual cases together with ongoing reviews of treatment plans for programs users, and development of strategies for improving case presentations. This training is supplemented by ongoing interteam and intrateam leadership staff meetings to help in the management of team issues as they arise.

Training for staff in the treatment programs is designed by specialists in the particular program area with consultation from the training staff. When issues of substance abuse are presented to all staff in a training module, for example, additional and more specific

training is offered to substance abuse program staff to include an examination of emergency situations that the staff might be expected to handle, case presentations of particularly complicated or unusual problems, issues of family dynamics in substance abusers, and the physiological basis for behavior of substance abusers.

Junior staff training is offered to paraprofessional staff who have had less than 2 years of training in an area of specialization. A central focus of junior staff training is on basic counseling skills development. The junior staff, together with supervisory staff, identify the areas in which there is need for specialized training. The training stresses concepts of holistic service delivery and utilization of peer supervision as a quality-of-care mechanism, and the trainees' ability to use one another as resources is evaluated in weekly training sessions. Senior staff from different disciplines are also called upon to present seminars and lead discussion groups, thereby expanding the size of the training group and demonstrating to the trainees the benefits of interdisciplinary work.

GRADUATE STUDENT TRAINING PROGRAM

A major objective of The Door is to provide training to graduate-level students in the professions of medicine, nursing, health education, public health, nutrition, social work, psychology, counseling, vocational rehabilitation, art therapy, and law. The primary goal of this training is to teach students how to work effectively as members of an interdisciplinary team and to provide effective services to adolescents in a community-based setting. The training program offers the future service provider pragmatic training experience, which is difficult to obtain through traditional training programs that have a single discipline focus.

Structured, formal training components are integrated with opportunities for supervised clinical work as well as participation in an interdisciplinary treatment team. Didactic learning is provided regarding the unique characteristics of the adolescent phase of development, the special needs and problems of urban and minority youths, and the concepts and practices of community mental health and health services relevant to the delivery of holistic care. Clinical work within a service provides opportunities for students to master the specific skills necessary for effective therapeutic interaction with inner-city youths, including interviewing, recordkeeping, treatment planning techniques, and case management.

During the 1978-79 academic year, the Student Training Program trained 168 students representing 13 disciplines from 20 academic institutions, for a total of 255 semesters of training. Placement commitments have ranged from 5 to 35 hours per week and from 1 month to 1 year in duration. Summer institutes provide an intensive 8-week training period for students whose academic year requirements preclude full participation during the fall and spring semesters. The training program staff also function as program planners, coordinators, and supervisors of the service delivery aspect of The Door. This promotes an integration of training and service components that is critical to the success of the program. The high degree of integration at the supervisory staff level has made it possible to develop a curriculum in which the clinical/experiential and formal/didactic components are integrated with and complement each other, thus enhancing the learning of the student. Students are exposed to clinical/experiential learning through their participation in interdisciplinary staff treatment teams on which they may acquire the knowledge, skills, and decisionmaking strategies necessary to provide effective interdisciplinary care. Students experience those attributes of group functioning that promote effective care through clinical problem solving, treatment planning, ongoing clinical management of multiple-problem adolescents, and interagency network building. Students are also assigned to interdisciplinary student teams that meet weekly. Student team meetings are designed to facilitate intensive exploration of concerns of special interest to students, such as the interaction of psychosocial and health dynamics in a client, management of team process issues, and group problem solving and conflict resolution strategies. Each trainee's progress in the areas of role definition, cooperation, values clarification, and assumption of leadership within the group is reviewed on a regular basis.

Didactic training for students is offered predominantly throught student seminars that include presentations and group discussions led by senior Door staff and outside speakers on a biweekly basis. The seminars initially focus of issues of adolescence, then explore topics such as adolescent pregnancy, current trends in adolescent drug use, therapeutic philosophy, treatment modalities, service delivery systems, milieu therapy, and the role of the practitioner as social and institutional change agent. Students are also encouraged to suggest special seminars that are of interest and relevance to them.

A 3-year followup study is in process to assess the long-term impact of the Student Training Program on the professional career and employment choices of graduates of the program. Many short-term studies and statements by students and their supervisors have demonstrated that students see their placements at The Door as unique and extremely valuable. Students emphasize the appreciation they have gained for a comprehensive approach to service delivery, the respect they have acquired for professions other than their own, and their hope that they can continue to work effectively with clients and staff in the context of an interdisciplinary team approach in their own careers.

CHAPTER 9

Recordkeeping, Evaluation, and Research

From its origins, The Door has sought to develop a sound recordkeeping and data collection system appropriate to the needs of its comprehensive programs. Over the years, the staff have maintained individual client records and a comprehensive recordkeeping system, developed a more sophisticated use of data collection and program assessment techniques, and acquired a knowledge of how to organize program evaluation projects and apply the most relevant research methodologies. With this experience has come a greater ability to assess the practical implications of research and evaluation studies for the clients and for the overall program.

CENTRALIZING CLIENT RECORDS

The Door has centralized all of its client records. They are located in an area that is readily accessible to the staff from all of the service and program components. Centralization of client materials into a single chart that is divided into section for each service allows for a comprehensive survey of each client's involvement. The chart also contains a comprehensive client management and treatment planning section that provides a summary and overview of the client's activities and progress, thus facilitating an integrated view of each client. This system is particularly useful in view of the extensiveness of the services and the complexity of participation for many of the program's clients. For example, when a client utilizes any of the services, the service provider entering the progress notes for a service will be able to obtain information about a client's participation and progress in other services as well as a summary of the client's overall involvement and progress at The Door.

A chart is opened on each client after his or her initial interview with a staff member. The initial interview includes questions regarding basic demographic information; the young person's current life situation; and his or her psychosocial, drug, medical, psychiatric, education, employment, and legal history. An initial treatment plan is formulated at this time and included in the chart. In addition to this general information, each service has developed service-specific intake forms that allow an in-depth assessment and, together with the initial interview, lead to the development of a specific therapeutic treatment plan outlining the services that will be provided to the client. Each service has also developed forms for documenting services provided.

The counselor in a particular service records the client's attendance, evaluates participation in program activities related to that service, assesses his or her progress on a regular basis, pinpoints continuing problem areas, and formulates the ongoing treatment plans. A followup system is used to notify clients who have missed appointments, groups, or workshops, encouraging them to return to the program. All this information is included in the appropriate service section of the centralized chart.

Periodically, at team meetings and in treatment planning conferences, the primary counselor and other staff working with a client

Centralized recordkeeping facilitates integration of services and tracking large numbers of clients.

will review his or her record to evaluate the overall success in achieving specific goals set. Progress, or lack of progress, is measured by such criteria as establishment of a stable living situation, improvement in interpersonal relationships, acquisition of educational and vocational skills, reduction of drug abuse, and understanding and possible resolution of psychological problems. Summaries of such treatment planning conferences are included in the centralized chart.

In addition to the supervision mechanisms within services, a Committee on Chart Review examines a randomly selected sample of records every week for completeness and comprehensiveness to insure the accuracy and up-to-date quality of client records. Deficient records are automatically returned to the responsible counselors for whatever changes may be necessary. This process also assured that followup and followthrough, as defined by the Quality of Care Task Force, are conducted by the primary counselor.

In summary, the centralized records provide a tool for facilitating an integrative view as well as a holistic approach to each client served. Periodic chart reviews and recorded treatment plans and treatment planning conferences further assure appropriate quality of care. The centralized chart is a written document providing each staff member with a history of the client's involvement in the program and services. In addition, it is a valuable tool for the overall evaluation of The Door.

DATA COLLECTION AND EVALUATION: A TOOL FOR PROGRAM ANALYSIS

Evaluation techniques are useful not only for diagnostic and therapeutic purposes but are essential in the analysis of program operations. For the purposes of general program monitoring, each service prepares monthly data and charts showing trends in client characteristics, attendance in group or individual activities, numbers of new clients seen by the service, missed appointment rates, and the like. One example of how data like these are used in a program evaluation context is the recent investigation of monthly data by the Psychiatric Counseling staff that led to the development of a new intake system and a more efficient integration of new clients into the service and the program.

The awareness that statistical and evaluation studies are an indispensable tool for effective program monitoring, planning, and development for a program like The Door has always been present. When carried out carefully,

An interdisciplinary team meeting--reviewing treatment plans and program activities.

such studies can yield vital information about clients' characteristics; measure the effect of programmatic variables such as rationale for the different treatment modalities and goals; insure the ability to maintain high quality of care standards; and, perhaps most significantly, demonstrate the effectiveness of each service and program in terms of its impact upon every facet of the client's life--attitudinally, behaviorally, physically, and psychologically. Evaluative studies are a necessity in view of The Door's integrative, multiservice approach, in which shortcomings as well as successes within each program component can have a profound effect on other activities and on the program as a whole.

The "Front Door Study" is an example of the broad application that can be made of evaluation techniques. On four different nights over a 2-week period in May 1978, staff members interviewed a total of 535 clients as they were about to leave the Center at the end of the evening. These interviews were conducted to determine the demographic characteristics of clients and their patterns of service utilization. Results showed that the typical client contacted an average of 5.3 services--an extremely important fact for all aspects of The Door's operations. It also showed that a large percentage of new clients first used the Health Services, and that the most extensively used programs included medical and family planning services, creative workshops, the gym, and learning workshops. These and other statistics in the "Front Door Study" shed important light on such questions as quantitative patterns of program utilization, major points of entry into the program, and cross-referrals within The Door.

The results of the "Front Door Study" prompted the service staff to explore such questions as why the Family Planning Program refers more clients to Psychiatric Services than to any other activity; why the recreation and creative workshops tend to attract clients who are younger, more often Hispanic, black, and male; and why the medical component attracts a proportionately larger number of white clients than are in the overall population. Answers to these and other questions can yield vital insights into client motivation, attitudes, and life concerns as they relate to the utilization of multiple services and treatment modalities. In the larger sense, such insights can prove to be important guidelines for redefining service goals, planning program changes and new program initiatives, and improving the integration of activities to better meet the overall needs of clients. In addition, the study provided material for evaluation of program effectiveness.

EVALUATION OF PROGRAM EFFECTIVENESS

In addition to investigating what a program is doing and whom it is serving, a key function of a sound evaluation system is to measure, as accurately as possible, how well any given program is accomplishing its goals, and why it is, or is not, succeeding. When evaluations are conducted thoughtfully, they can help staff discover why specific modalities and techniques are effective with certain groups of people, and why others may fail with the same group. Beyond that, they can help identify the variety of reasons a particular program is or is not achieving its objectives, and may identify some of the barriers to their successful achievement.

The usefulness of conducting carefully conceived and executed research was confirmed by a 3-year study of the Learning Laboratory program. The purpose of this evaluation was to test the validity of a highly individualized education program as a form of treatment for drug-abusing youths. Toward this end, three basic variables in the clients' lives were measured: educational progress during the program; change in drug use patterns; and involvement in purposeful activities, including employment, training, and continuing education.

Results showed a significant improvement in all three areas and indicated that the program as a whole was more therapeutically effective than other types of drug abuse programs. Forty percent of the participants either stopped using drugs or significantly reduced their use. Furthermore, the young people made encouraging educational progress and became increasingly involved in many constructive life activities. In addition, the enlistment of clients in evaluating their own progress helped them to become more realistic in assessing their strengths and weaknesses, and more independent in planning their educational programs.

On the other hand, the evaluation suggested a need for additional psychological counseling services and financial aid, since these were among the primary reasons why some participants dropped out of the program. On the basis of these findings, it was recommended that professional psychological assessment, stipends for the participants, and vocational skills training be incorporated into future programs of this kind. The Learning Laboratory, a monograph on this evaluation study, was published by the National Institute on Drug Abuse in 1980.

Another more recent evaluation was conducted to determine the effectiveness of The Door's Family Planning Program for young people. Using change in contraceptive behavior over time, pregnancy rate, childbirth rate, and program continuation rate as major criteria, this 2-year study found that an overwhelming majority of the clients continued to use contraception successfully and continued in the program. In accounting for the success of the program, the most important features were found to be the provision of sexuality counseling and contraceptive services in a confidential, personal, and caring way, and the provision of these services within the context of a comprehensive medical and multiservice center for adolescents.

EXPANDING THE DOOR'S EVALUATION CAPACITY

Until recently, The Door's evaluation capacity has been limited primarily to specific service evaluations largely because of the expense involved in implementing a more comprehensive study. In recognition of the growing importance of more sophisticated evaluation efforts, a small evaluation unit has been established and is involved in the development of more comprehensive evaluation projects.

The staff of this unit, which conducted the "Front Door Study," are engaged in a number of other modest but useful research projects. Among them are studies on teenage fathers, young women who have repeat abortions, the dynamics of rape victimization, patterns of contraceptive use among teenagers, and the sexual behavior of the younger adolescent population.

A major study of broader implications, in which The Door is collaborating with Yeshiva University, concerns the underlying determinants of teenage pregnancy. Together with Columbia University's Center for Population and Family Health, The Door is also conducting a study on decisionmaking and risk taking among adolescents in relation to sexuality and contraception. These and future research projects can contribute significantly to scientific and professional knowledge in youth services and related fields as well as to program development.

In all of its research and evaluation of activities, The Door is careful to obtain informed consent from all participants and to keep all information confidential. The staff is particularly sensitive to the fact that many young people feel that societal institutions process them, treating them as mere numbers or statistics. All studies are therefore carried out with a full awareness on the clients' part of the nature and purposes of the research and in a manner that does not interfere with but rather supports positive human and professional relationships.

The Door is in the process of extending its evaluation capacity to carry out studies on a multidimensional scope with regard to its programs and activities. In addition, The Door projects a comprehensive evaluation of its overall program, focusing on the different structural and functional levels of program components. The central concern of this large-scale evaluation will be to investigate how interrelated and interdisciplinary approaches affect the total program operations, how the benefits of this approach can be maximized, and how shortcomings can be minimized. As part of its objectives, the study will include a more comprehensive evaluation of services, staff, resource utilization, cost effectiveness, and therapeutic milieu than has been possible in the past.

As part of expanded evaluation efforts, followup studies will be conducted on its client "alumni" to determine how their current life situations have been influenced by their involvement in programs at The Door. Followup studies will determine how successful these previous clients have been in dealing with peer, family, and authority relationships, and with community and social activities, and in fulfilling creative, educational, vocational, and other goals. The studies will also seek to determine what impact The Door's integrative approach has had on such dysfunctions as serious psychological disturbances, substance abuse, and criminal and other antisocial behavior.

This expansion and refinement of evaluation capacity will enable the Center to move in new directions with a greater insight and knowledge of the principles underlying programmatic effectiveness. It will, as well, provide an objective basis for the use of The Door as a viable and duplicable model for the provision of services to youths. In a more immediate and practical sense, a well-functioning evaluation system will help to demonstrate the worth of The Door's programs and activities to those governmental agencies and private foundations that are important funding sources.

In a period of strong fiscal restraints on public and private spending, and when the need for programs such as The Door is equally strong, issues such as program and cost effectiveness must be addressed. The Door

will continue to address these issues through the development of its Evaluation and Research Unit, whose aim will be to provide high-quality evaluation of the program and thus to respond to the changing needs of today's changing society.

CHAPTER 10

Organization and Funding

ORGANIZATION AND ADMINISTRATION

The organizational structure of The Door includes (1) the Administrative Staff that, as an interdisciplinary team, has overall responsibility for program and financial management, (2) the Coordinating Staff that as a group is responsible for day-to-day program development and operation, (3) individual service and program Coordinators who each have responsibility for the ongoing development and operation of their specific service or program area, and (4) general staff members who are responsible for provision of services within their area.

Although it functions within the hierarchical structure outlined above, there is open communication and easy accessibility between all levels within the structure. Organizational structure has been kept as functional as possible, with a minimum of bureaucracy. Administrative Staff and Coordinators are generally those individuals who have the greatest experience and have taken on the most responsibility and initiative in an area. Areas of responsibility are designated on the basis of particular functions or tasks. Individuals are designated to fulfill these functions on the basis of experience and demonstrated ability to handle responsibility. Different individuals or groups have responsibility for specific areas of decisionmaking and functioning.

The Door's integrative approach has resulted in a built-in system of interdisciplinary teamwork on all levels. For example, the Administrative Staff, which has responsibility for overall policy direction and program and financial management, consists of an interdisciplinary team that has worked closely together since the initial development and founding of The Door. The Administrative Staff includes the Program Director, the Administrator, the Director of Finance, the Director of Personnel, the Medical Director, the Director of Psychiatric Services, and the Director of Education. Together, the members of the Administrative Staff bring a depth of experience on clinical, administrative, and management levels, resulting in a comprehensive grasp of service and program functions and needs, and assuring interdisciplinary communication and cross-fertilization of ideas at the highest level.

In addition to overall program management, the Administrative Staff is responsible for budgeting, financial management, fundraising, and liaison with government funding agencies. The Administrative Staff also determines overall staffing needs and has final responsibility for selection of staff. While each member of the Administrative Staff has specific responsibilities within one or more areas, the Administrative Staff works as a team and decides major matters on a consensus basis.

The Administrative Staff reports to the Board of Directors of its parent institution, the International Center for Integrative Studies (ICIS), on a monthly basis. The ICIS Board includes professionals, scholars, educators, and business executives representing a range of backgrounds and experience. It is an active and well-informed Board, and its deliberations on program policy and development form an important part of the management process.

The Door has a Professional Advisory Board consisting of leading health and mental health professionals from throughout New York City. The members of the Professional Advisory Board are called upon as needed for information, guidance, and assistance in dealing with government agencies and institutions.

Each service area is headed by a Coordinator who has responsibility for the operation of its services and supervision of its staff. The individual Coordinators develop service and program activities, make staff assignments, supervise staff, evaluate staff performance, and make recommendations on hiring and firing to the Administrative Staff. In addition, Coordinators are responsible for data collection and reporting on their service and for integration of their service into the overall program. As a body, the Coordinating Staff

has significant responsibility for overall planning and development at the program and service level. The Coordinators meet weekly, frequently with the Administrative Staff, to discuss programmatic needs and concerns, plan new activities, and review overall direction and goals. As line supervisors, Coordinators function as "middle management" and as intermediaries between administrative and clinical levels.

Much of the work of ongoing program development is done by groups of staff members from various service areas working together in Task Forces chaired by a Coordinator from one of the services. These interdisciplinary Task Forces focus on the following specific areas: client flow; quality of care; client records, research, and evaluation; program coordination; outreach; training; and beautification and facility maintenance. The Task Forces study the issues and problems, obtain views of both staff and program participants, explore alternatives, and make recommendations to the Coordinating Staff for changes, new programs and activities, or other necessary action. The Coordinating Staff then approves or disapproves the recommendations and takes appropriate steps, with the Task Forces, to implement approved recommendations. Major decisions and changes are also reviewed by the Administrative Staff. At least one Administrative Staff member serves on each Task Force to provide liaison with overall planning and finance.

The Door involves young people in its planning process as well. Staff members seek the views of young people on programmatic issues through informal contacts and regular "community meetings" and "house meetings" within which aspects of The Door's operation are discussed. Having input into decisions that affect their lives has been an important experience in learning new ways of functioning and growing for many of the young people, especially for those who have tended to feel powerless or overwhelmed by a sense of meaninglessness in their own lives.

The Community and Consumer Advisory Boards give clients, parents, and members of the general community such as businesspeople, clergy, and service providers a chance to communicate their needs and interests and an opportunity to give feedback on the effectiveness of the programs.

The decisionmaking process at The Door is characterized by communication and interchange between all levels of the organization. Ideas for new programs or activities are generated at all levels of the organization. Frequently, the idea for a new program comes when the clinical staff experience a need and develop a new idea with the service coordinator. Examples include the nonsmoking ("Smokeless") program and the Food Services Program, both of which were developed almost entirely by staff members on their own initiative. The role of the Coordinators and the Administrative Staff in these situations has been to assure that new programs and activities will fit within the overall goals and objectives, are financially feasible, and will not be disruptive to other program activities.

The Door's approach to management is based on the concept that promoting a holistic approach to service delivery demands an organizational structure that itself is integrative, multidisciplinary, and based on constant sharing, communication, and allowance for change, innovation, and creativity.

FUNDING AND FINANCIAL MANAGEMENT

The Door has always acted on the principle that sound financial management and planning are as essential to a nonprofit human service agency as they are to a successful modern corporation. The growth of its annual budget from $20,000 during the first year, to $200,000 during the second year, to over $2 million in 1980 demonstrates an increasing ability to secure funding, a consequence of the development of an effective, reputable program, and sound financial management.

In addition to some financial successes, however, it has had to weather the fiscal crises and resultant cutbacks in human services that have shaken New York City, New York State, and various Federal agencies and departments. Ongoing fluctuations in government funding, together with the ever-present possibility of significant cuts in government spending for human services, leave The Door, like most other service programs, faced with continuous uncertainty as to future funding and consequently to its capacity to maintain the quality and quantity of its services. In prosperous times careful budgeting and fiscal practices and effective long-range financial planning are important; in times of economic difficulty such practices are critical and can spell the difference between agency survival and failure.

Approach to Financial Management

When The Door started in 1972, an agency was expected to have established itself and proven its ability to operate before qualifying for government funding. The fact that The

Door started with only small donations and a volunteer staff is a consequence of the conviction that a quality program is the best guarantee for attracting funds. The seriousness and purposefulness of the initial program attracted small foundation grants and contributions of needed materials and supplies from businesses and corporations during the difficult interim period before more substantial public funding became available. The operation of a sound and innovative program has continued to be the most significant element in obtaining funding.

Throughout its development The Door has placed major importance on being as well managed fiscally as it is programmatically. It has obtained the services of a major accounting firm to be its certified public accountant, to prepare its annual financial statements, and to provide ongoing guidance in financial management and fiscal accountability. This was felt to be a priority expenditure.

As an agency with substantial government funding, The Door maintains the highest level of accuracy and accountability in its accounting procedures. Consequently, it has always been careful in accounting for all funds received and spent, maintaining monthly records of expenditures to date compared to actual budget allocations on a line-by-line and item-by-item basis. This, together with other internal monitoring mechanisms, has made it possible to watch budget levels and expenditures closely, to be fully aware of the current fiscal status, to foresee problems before they become crises, and to be prepared for the frequent financial audits by government funding agencies.

The primary responsibility for financial affairs is in the hands of the Director of Finance and the Comptroller of the International Center for Integrative Studies and the Administrator and Director of Personnel of The Door, all of whom work closely together as the financial management team. Budgets and financial reports are prepared and reviewed in detail on a monthly basis by this financial management team, and summary financial reports are reviewed on a regular basis by both the Administrative Staff and the Board of Directors of the International Center for Integrative Studies.

Coordinators in charge of service and program areas also provide input into budgeting related to their areas. Their direct knowledge of service needs is necessary and helpful for the effective allocation of funds and in realistic planning of future budget needs.

Funding Sources: Seeking a Broad Funding Base

The Door has attempted to build as broad a funding base as possible, including government grants from a wide variety of Federal, State, and city agencies as well as support from private sources including foundations, corporations, and individuals. Only through establishing a broad funding base could the budgetary requirements of a multiservice program be met; and, as funding priorities in the human service sector change continuously, the broadest possible range of funding sources helps to assure an agency's continued financial viability.

The Door was initially most successful in securing funds for drug abuse treatment because this was the area in which funds were most available for youth services in 1972-73. Although drug abuse funding has continued to be a major part of its budget, it subsequently has obtained funding in the following areas: family planning services; general health care; prenatal care; alcohol abuse treatment; runaway services; food services; training programs in adolescent health and mental health services for professionals, graduate students, and paraprofessionals from Federal, State, and city agencies, including several subagencies of the U.S. Department of Health and Human Services, the U.S. Department of Agriculture, the New York State Division for Youth, and the New York City Youth Board, and other sources in the public and private sectors.

Nevertheless, the ongoing efforts to expand funding have not yet resulted in as broad or stable a funding base as would be desirable to insure the full development and refinement of the model as conceptualized. The Door has developed a 5-year financial plan aimed at further expanding the funding base and at obtaining greater funding stability. Areas for additional funding that are being explored include education; vocational counseling, rehabilitation, and training; adolescent mental health care; drug and alcohol abuse and delinquency prevention; and the creative and performing arts. Efforts have also been made to obtain funding for comprehensive approaches to youth services as opposed to categorical approaches that focus on one problem area only. Although government funding has tended to be primarily categorical, some new programs based on a more comprehensive approach to services and funding are emerging.

Future plans also include a substantially increased emphasis on seeking funds from the private sector (foundations, corporations,

and individuals) in order to further expand the funding base and to make up for cuts and fluctuations in public funding for youth-related programs. In addition, private sector grants allow more flexibility in developing new programs and ideas and have fewer restrictions than do most government grants.

Grant Proposals; Fund Raising

The art of successfully securing appropriate grants and financial support is one that involves many skills. Preparation of grant proposals at The Door includes staff members at all levels of the organization. Although the Administrative Staff initially wrote all grant proposals, Coordinators and service staff members, as they have gained experience, have become increasingly helpful in writing grant proposals or contributing to sections of proposals, and their participation has contributed to the relevance and practicality of these proposals.

Equally indispensable to success in obtaining funds has been the building of trust and the maintaining of lines of communication with representatives of funding agencies. Individual staff members have met frequently with officials in government agencies and have kept them informed of program developments and up to date on new issues, concerns, and service approaches relevant to the youth population. Through this person-to-person contact, it has been possible to stay in touch with the funding agencies and with policymakers and to be aware of the most promising new funding directions and resources. In addition, The Door has encouraged on-site visits by government officials and other interested parties in order to promote a first-hand knowledge of the program and its achievements.

The Door has sought to maintain contact with the public primarily through its community involvement, liaison with other professionals and community agencies (chapter 7), and, perhaps most important, by providing needed high-quality services. Although The Door has been intentionally low key in its relationship to the media, occasionally it has been the subject of newspaper and magazine articles and television presentations. This kind of selective attention has enhanced the broad public recognition and support that is essential for the continuing growth of the programs, and strengthens the program's appeal to actual and potential funding sources.

The Cost-Effectiveness Factor

In the fiscally austere atmosphere of the 1980s, Federal, State, and local governments have become increasingly insistent that human service organizations with public funding prove their cost effectiveness. Because of the multiservice nature of its program that deals with causes of problems rather than symptoms and with the extensive involvement of volunteer professionals and student trainees, The Door is a cost-effective institution that can validly claim to increase the efficiency of services and reduce short- and long-term cost to the government and the public.

The Door's holistic approach to dealing with the underlying causes of problems of adolescents is more likely to prevent complications and to resolve basic problems than is the repeated, superficial treatment of symptoms that characterizes many service programs. The Door's approach serves to prevent a long-range need for health and mental health services.

A comprehensive approach also promotes the early detection of problems, allowing for the provision of preventive services to young people who might otherwise develop chronic physical and mental health problems requiring hospitalization or other costly forms of public assistance. The provision of services and treatment on a nonresidential, ambulatory basis, which is preferable in most cases for the adolescent population, is several thousand dollars per patient per year below the per-patient cost for residential treatment; thus, The Door's preventive treatment approach results in greater efficiency and cost savings.

Through the utilization of more than 100 volunteer professionals and graduate students, personnel costs have been substantially reduced. Volunteers, who contribute an average of 9 hours per week, perform many of the same tasks as regular staff. In the case of the Legal Counseling Services, for which funding has not been available, the entire staff is made up of volunteer lawyers, including faculty members and law students from local law schools. Auditors and evaluators have cited the integration of the large number of volunteers as one of The Door's most impressive achievements. As government allocations for services grow tighter, volunteer participation will become increasingly necessary in order to staff programs at optimal levels for program effectiveness.

CHAPTER 11

The Door as a Model: The Question of Replication

> The ultimate model is comprehensive services for youths, whether under one roof or a network of roofs. One model deserving of close attention and, in my judgment, widespread replication, is the The Door, a comprehensive service program serving 12- to 21-year-old youths in New York City. I strongly urge members of Congress and staff to visit The Door. One look will tell more than a thousand words of testimony.
>
> --Peter B. Edelman, former Director, New York State Division of Youth
> Excerpt from testimony before The Committee on Education and Labor
> Subcommittee on Economic Opportunity, U.S. House of Representatives
> March 1978

The Door is increasingly viewed as a successful demonstration project that may readily be adapted to youth service organizations in New York and other cities throughout the Nation and abroad. Some of the reasons for this widespread recognition have been discussed earlier in this report and could be summarized as follows:

- The Door contains all the relevant components of a human service system within a single facility. Its integrative approach makes it possible to deal with all aspects of an adolescent's life in order to restore and maintain physical, psychological, and creative well-being.
- The Door's accessibility, inviting physical environment, and client-centered therapeutic milieu have made it an important positive factor in the lives of thousands of New York City youths.
- A caring and highly skilled interdisciplinary staff treat the problems and needs of young people within a context of normal, healthy activities rather than within a structure and environment that focuses primarily on pathology.
- The Door's interface and lines of communication with hundreds of youth agencies in New York City have made possible an optimal utilization of resources on behalf of the client populations. Effective linkages and working relationships with other agencies and institutions enable it to reach into a young person's total environment (school, job, family, court, hospital) to facilitate a realistic resolution of life crises.

A NATIONAL AND INTERNATIONAL MODEL

The Door's approach to providing services to adolescents has created considerable interest and enthusiasm among many officials and professionals in agencies and institutions in New York City, in the United States, and in a number of foreign countries. A number of programs throughout the country have begun to integrate some of the overall approaches and principles of The Door into their programs, and some new programs are being developed that are modeled completely on its holistic approach.

The Door has made a high priority of communicating with other programs, agencies, and institutions working in the areas of health, mental health, drug and alcohol abuse, family planning, and pregnancy-related services. Through the establishment of numerous interagency contacts and liaison, through discussions with the large numbers of professionals who have visited the program, and through participation in many conferences and professional meetings, The Door has helped to develop a network of communication among leading professionals and administrators who are concerned with bringing about needed

changes in the delivery of services to adolescents and are interested in sharing their experience, knowledge, and ideas with others in the field. Through this network many of the innovative features of The Door have been communicated to other programs, agencies, and institutions and have been used in program planning and development. Youth centers in Nassau County, New York; Washington, D.C.; Newark, New Jersey; and San Francisco have established or are developing programs based on the same comprehensive, community-based model.

Many agencies and institutions have contacted the program for assistance and information. Each year there are more than 2,000 visitors, including Federal, State, and local government officials responsible for youth service delivery; staff and faculty from medical schools, nursing schools and schools of public health; officials and professionals from foreign countries; administrators and staff of hospitals, medical centers, and community-based health and mental health programs; and staff from schools, adolescent residences, drug programs, and other youth-serving institutions. In order to meet the large number of requests to visit, The Door has held Interagency Open House evenings several times a year, which has enabled officials, professionals, and paraprofessionals from New York City agencies and institutions to experience the program, its service components, and specific approach to teenagers.

Many officials and professionals from foreign countries have visited The Door--some for a week or more--to obtain information about and to receive training in the provision of comprehensive services to adolescents. Visitors have come from Venezuela, Mexico, Guatemala, Chile, Brazil, Argentina, Bolivia, Morocco, Algeria, Egypt, Tunisia, Thailand, the Philippines, Italy, Sweden, Germany, and France. In addition, organizations such as the American Academy of Pediatrics and the Pan American Health Organization of the World Health Organization have used The Door as a model in development of guidelines and planning in the area of health services for adolescents.

The Governments of Mexico, Guatemala, Venezuela, and Canada are particularly interested in developing adolescent programs based upon The Door's model, and meetings with representatives from these countries have been held to help in the conceptualization of youth policy and program models that would be most effective in these countries. A new project in Mexico City, named CORA, is specifically modeled after The Door. Door staff have aided in program development through training CORA staff at The Door and running a 4-day training workshop at CORA in Mexico City in 1978. A program, called El Camino, that is modeled on The Door has been established in Guatemala City. Staff from The Door have also provided consultation and training for this and other programs in Panama and Canada.

THE REPLICATION PROCESS

The Administrative Staff of The Door have given considerable thought to the question of replication and have identified the key issues and developmental phases relevant to replication. A few new programs modeled on The Door have already been established and several more are in the planning stage.

Through numerous interagency contacts the question of replication has been discussed with the large number of professionals and administrators. Directors of all types of youth service programs have explored issues of program development, management, fundraising, and clinical care with the staff as a preliminary step in applying many of The Door's principles to their own programs. The issue of duplication has also been discussed with officials in Federal, State, and city government agencies and with officials from Mexico, Guatemala, Venezuela, Panama, Jamaica, The Virgin Islands, St. Kitts, Canada, France, Germany, and Great Britain--countries that have expressed specific interest in, and have taken steps toward, developing multiservice youth programs similar to The Door.

The Door can be--and is being--replicated. Replication can take many different expressions, ranging from incorporating some of The Door's concepts, principles, and approaches into existing programs to establishing new programs like The Door on a small-, medium-, or large-scale basis. The Door began as a small program with an entirely volunteer staff in a donated storefront facility. It is not necessary to start with large-scale funding or with all program components.

This report has been developed with a view toward use of The Door as a model and the possibility of replication. The administrative and clinical staff of The Door stand ready to assist interested individuals and groups in their efforts to develop and operate adolescent programs modeled, in part or in whole, on The Door.

U.S. GOVERNMENT PRINTING OFFICE : 1981 O - 349-068